

2016-2017 JCCGW Preschool
Family Information Form

Please complete the following information:

Child's First Name	Child's Last Name	
Date of Birth (M/D/Y)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address		
City	State	Zip
Primary Phone		

Parent 1 Name	
Email Address	Occupation
Parent 2 Name	
Email Address	Occupation

Siblings		
Name	DOB	School
1.		
2.		
3.		

1. What is your special talent, skill or hobby you can share with the children?

2. Are there others living in the household? Yes No

If yes, relationship to child:

3. Language(s) other than English spoken in home? Yes No

If yes, which languages?

4. Does your child have any allergies? Yes No

If yes, please list/describe any airborne allergies your child has:

Please also submit the Allergy Protocol form if needed.

5. Is this your child's first nursery school experience? Yes No

If no, list schools and camps:

6. Is your child toilet trained? Yes No

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7. Does your child need to be reminded to use the toilet? Yes No

8. Does your child have any special needs or learning issues that you are aware of? Yes No

Has your child had any formal testing? Yes No

Please describe:

9. What are your child's interests?

10. Describe your child's strengths

11. What would you like your child to gain from their preschool experience?

12. Is there anything else that you would like us to know about your child that would help us to better understand her or him?
