



PERSONAL INFORMATION

Name of Child: _____ Name child likes to be called: _____

Birthdate: __/__/__ Phone: _____

Address: _____ City _____ Zip _____

Child's Mother: _____ Phone: _____

Occupation: _____ E-mail: _____

Child's Father: _____ Phone: _____

Occupation: _____ E-mail: _____

Child's Brothers (name and ages): _____

Child's Sisters (name and ages): _____

Do you have a home church? _____ If so, where? _____

How would you describe your child's personality:

Would you say your child's attention span is: Short _____ Average _____ Long _____

Is your child's activity level: Below average _____ Average _____ Very active _____

What other group experiences has he/she had? (Sunday School, daycare, preschool)

What are your child's favorite activities, toys, ect.?

Are there any special words that would help us communicate with your child?

Is your child a small _____ moderate _____ or substantial eater _____?

Will he/she need help with toileting? _____

What do you hope your child will gain by attending Children's Praise N' Rainbows?

Briefly describe academic motor skills your child has mastered: (skips, ties shoes, hops, recognizes letters, knows colors, counts 1-? etc.)

Does your child have any developmental delays or health problems?

ALLERGIES: (food or drug)

Please use back side for anything else that you would like to share with us about your child. Thank you!