



## CONFIDENTIAL INFORMATION SHEET

1. Child's name \_\_\_\_\_ Birth date \_\_\_\_\_
2. What name do you usually call your child? \_\_\_\_\_
3. Sibling(s) \_\_\_\_\_ Age(s) \_\_\_\_\_
4. Father's name \_\_\_\_\_ Occupation \_\_\_\_\_
5. Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_
6. Child's main interests \_\_\_\_\_
7. What word(s) does your child use for the bathroom? \_\_\_\_\_
8. Does your child have any unusual fears? \_\_\_\_\_
9. Does your child use the following at home? (check box)  
☐ Crayons ☐ Pencil ☐ Scissors ☐ Markers
10. What are your child's strengths? \_\_\_\_\_
11. Is there any area in which you anticipate difficulty for your child? (E.G., sharing, following directions, etc.) \_\_\_\_\_
12. What goals do you have for your child in preschool? \_\_\_\_\_
13. Does the child have any physical, social or emotional conditions? \_\_\_\_\_
14. Is there anything we should know about the child to provide better care for her/him? \_\_\_\_\_
15. Do you have any special talent that you would like to share with the children, for example, music, art, occupation (doctor, police officer, firefighter, etc.)? \_\_\_\_\_
16. Names of persons, other than parents, authorized to pick up the child after school:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
17. Name of any person NOT authorized to pick up the child after school: \_\_\_\_\_

☐ I have received and read the INFORMATION TO PARENTS document that was included in this enrollment packet.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_