

# All God's Children Information Sheet

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name that child wants to be called at preschool \_\_\_\_\_ Girl \_\_\_ Boy \_\_\_

Names and birthdates of brothers and sisters \_\_\_\_\_

School district in which you reside \_\_\_\_\_

Elementary School you plan to attend \_\_\_\_\_

Is or has your child participated in any Birth to Three programs?  
\_\_\_\_\_yes \_\_\_\_\_no if yes, what for? \_\_\_\_\_

Is your child receiving speech therapy?  
\_\_\_\_\_yes \_\_\_\_\_no If yes, where? \_\_\_\_\_

Is your child enrolled in any other classes, or have an opportunity to play with other children on a regular basis? \_\_\_\_\_yes \_\_\_\_\_no

Is your child used to being away from home for short periods of time? \_\_\_\_\_yes \_\_\_\_\_no

Does your child have any pets? \_\_\_\_\_yes \_\_\_\_\_no If yes, what? \_\_\_\_\_

Special interests your child may have: \_\_\_\_\_

Any allergies and/or other health problems: \_\_\_\_\_

Are there any situations at home that would affect your child's behavior and/or emotions at school?  
(divorce, recent death, illness, etc.) \_\_\_\_\_

Do you feel your child needs help or special attention in any particular areas?  
\_\_\_\_\_

Special interests/ skills of parents that could be shared at school: \_\_\_\_\_

Parent's Occupation: (father) \_\_\_\_\_ (mother) \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_