
St. Paul's Preschool and Children's Day Out

Child Information Form

7740 Lackman Road, Lenexa, Ks. 66217 (913) 631-0101

Date _____

Child's Full Name _____ Nickname _____

Before and after preschool, my child is with parent with someone else (specify) _____

Dietary allergies or restrictions _____

Health History (check all that apply)

asthma vision problems hearing loss frequent stomach aches

vomits easily hives other _____

Is your child receiving any special need services (speech, developmental delays, etc.)? _____

Which hand is dominant? right left

Special fears (darkness, storms, animals, bugs) _____

Word child uses for urination _____ bowel movement _____

What else do you want us to know about your child? _____

Best method for fostering self-control _____

What would you consider an ideal preschool experience for your child? _____

Family information

Siblings (name & age) or other family members in the household _____

Pets _____

Parents Occupations _____

Activities family members could share with the class (art, crafts, music, sewing, travel experiences, building expertise) _____

Does your family have a church home? _____ Would you like more information about St. Paul's United Methodist Church or family events? _____