

Personal Data Form

Child's Name _____
First Last

Name your child prefers to be called _____

Does your child play with other children regularly? _____

What kind of group activities has your child participated in and for how long?
Preschool _____ Sunday School _____ Day Care _____

Story Hour _____ ECFE _____ Recreation _____ Other _____

Does your child have difficulty separating from you?

Is your child right handed? _____ left handed? _____ undecided? _____

Has your child used crayons? _____ paint? _____ scissors? _____ playdough? _____

How would you describe your child?

What are some of your child's interests?

What makes your child frustrated?

Types of discipline used in your home:

Primary language spoken in your home?

Does your child have any physical, behavioral, emotional, intellectual or speech delays not common to his or her age level? Please explain any concerns you may have.

Please state any other information that would be helpful to us in understanding and working with your child.

As a parent, what would you like your child to get out of this preschool experience?

PERMISSION FORM FOR FIELD TRIPS

_____ I give permission for my child to go on scheduled field trips with his or her class. Notice will be given prior to the field trip.

PUBLICATION RELEASE

_____ I give permission for my child to be a part of any public relations event (such as a picture in the newspaper) involving Community Preschool while he or she is in attendance.

_____ I give permission for my child's photo to be posted to the Community Preschool Facebook page or website.

USE OF HAND SANITIZER

_____ In the event that there is no available water (serving snacks outside, I permit the preschool staff to use hand sanitizer on my child's hands.

INFORMATION RELEASE

_____ I give permission for my child's name and family contact information to be listed in a class list or shared with another family registered at Community Preschool.

Information I would like to share:

Parent(s) Names: _____

Address: _____

Phone: (_____) _____

_____ If a referral is needed, I give permission for Community Preschool to discuss my child with District 206/ECSE staff.

_____ I give Community Preschool permission to share information about the preschool experience of my child with his or her kindergarten teacher, to help the teacher have a better understanding of my child in a school environment.

I have carefully read and understand the above information. I have indicated my consent and authorization where applicable.

Signature of parent or guardian

Date