

**RESURRECTION PRE-SCHOOL APPLICATION
2020-2021**

Child's Name _____
Address _____
Birth Date _____

Cell Phone _____
Zip Code _____
Sex _____

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1. Has this child ever attended Resurrection Pre-School or Toddler Program? _____
 2. Has any other child of yours ever attended Resurrection Pre-School or Toddler Program? _____
 3. Are you a member of Resurrection Lutheran Church? _____
 4. Are you interested in the Wednesday Afternoon Enrichment Program -for soon to be 4/5 year olds? _____

PARENT INFORMATION

Parent

Parent

Name _____
Address _____
Cell phone _____
E-Mail _____
Marital Status _____
Place of Employment _____
Address _____
Position _____
Work Phone _____
Days and Hours _____

Name _____
Address _____
Cell Phone _____
E-Mail _____
Marital Status _____
Place of Employment _____
Address _____
Position _____
Work Phone _____
Days and Hours _____

**CHILD CARETAKER INFORMATION
(if applicable)**

Name _____
Address _____
Days and Hours of Childcare _____

Relationship _____
Phone _____

EMERGENCY CONTACT INFORMATION

Name _____
Address _____
Phone _____
Relationship _____
Parent Signature(s) _____ Date _____

CONFIDENTIAL INFORMATION

Your Child's Name _____

HEALTH INFORMATION

Does your child take a daily nap and what time? _____

What time does s/he go to bed at night? _____ Does s/he sleep through the night? _____

What past illnesses has your child had? _____

Does your child have any allergies? _____

Is there any food that your child cannot eat? _____

Does your child have any speech or vision problems? _____

Were there any problems related to toilet-training your child? _____

Does your child need assistance in toileting him/herself? _____

Are there any problems with your child's coordination? _____

Is your child right or left-handed? _____

Does your child dress him/herself? _____ Undress him/herself? _____

Please give a statement of your evaluation of your child's overall health _____

EMOTIONAL CHARACTERISTICS

What three adjectives best describe your child? _____

Has your child had any previous group or group care experience? _____

If so, where? _____

Were there any issues associated with this experience? _____

How does your child generally deal with problems? _____

When your child has temper tantrums, how do you handle them? _____

Is your child currently under any stress? _____

What fears does your child have? _____

Do you foresee any problems with your child/s adjustment to pre-school? _____

How would you describe your child's personality? _____

How do you feel about your child attending pre-school? _____

What do you think your child will attain from being in pre-school? _____

FAMILY INFORMATION

Please list the names and birthdates of siblings _____

What language(s) is/are spoken in your home? _____

Does your child attend any other group activities (such as lessons, play groups, church school, etc.)? _____

OTHER INFORMATION

Is there any other information you would like the staff to be aware of? _____

How did you hear about our program? _____