

**RESURRECTION PRE-SCHOOL APPLICATION
2018-2019**

Child's Name _____

Home Phone _____

Address _____

Zip Code _____

Birth Date _____

Sex _____

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1. Are you also interested in the Wednesday Afternoon Enrichment program for 4 and 5 year olds? _____
 2. Are you interested in the Wednesday morning Toddler program for 2 year olds with a parent or caregiver? _____
 3. Has your child ever attended Resurrection Pre-School or Toddler Program? _____
 4. Has any other child of yours ever attended Resurrection Pre-School or Toddler Program? _____
 5. Are you a member of Resurrection Lutheran Church? _____

PARENT INFORMATION

Parent

Parent

Name _____

Name _____

Address _____

Address _____

Phone/Cell _____

Phone/Cell _____

E-Mail _____

E-Mail _____

Marital Status _____

Marital Status _____

Place of Employment _____

Place of Employment _____

Address _____

Address _____

Position _____

Position _____

Work Phone _____

Work Phone _____

Days and Hours _____

Days and Hours _____

**CHILD CARETAKER INFORMATION
(if applicable)**

Name _____

Relationship _____

Address _____

Phone _____

Days and Hours of Childcare _____

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? _____

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? _____