

MAIN STREET PRESCHOOL  
FIRST BAPTIST CHURCH OF TUCKER  
**Student Information for Classroom Teacher**

**Child's Name** \_\_\_\_\_

(Last) (First)

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Male** \_\_\_\_ **Female** \_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** (    ) \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Business Phone** (    ) \_\_\_\_\_ **Cell phone** (    ) \_\_\_\_\_

**Special Interests/Hobbies** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Business Phone** (    ) \_\_\_\_\_ **Cell phone** (    ) \_\_\_\_\_

**Special Interests/Hobbies** \_\_\_\_\_

**Siblings: Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Other relatives living in your home:** \_\_\_\_\_

**List other languages spoken in your home** \_\_\_\_\_

**Church You Attend** \_\_\_\_\_

**Previous Mother's Day Out, Day Care or Preschool programs your child has attended** \_\_\_\_\_

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Does your child have any medical condition which would keep him/her from participating in normal preschool activities?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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Does your child . . . .

Have fainting spells? \_\_\_\_\_

Exhibit daredevil behavior? \_\_\_\_\_

Have persistent fears? \_\_\_\_\_

Talk well? \_\_\_\_\_

Have a good attitude about themselves? \_\_\_\_\_

Get along with other children? \_\_\_\_\_

Socialize with other children? \_\_\_\_\_ How often? \_\_\_\_\_

Have a good appetite? \_\_\_\_\_

Sleep soundly at night? \_\_\_\_\_

Have any allergies? \_\_\_\_\_ If so, list them: \_\_\_\_\_

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1. How much television does your child watch in the average day? \_\_\_\_\_

2. List some activities that your family enjoys together:

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3. Does your child have any pets? \_\_\_\_\_ What are they? \_\_\_\_\_

4. Does your child have any imaginary playmates or security items? \_\_\_\_\_

5. Favorite outdoor toys? \_\_\_\_\_

6. Favorite indoor toys? \_\_\_\_\_

7. What is your child's approximate bed time? \_\_\_\_\_

8. What is your child's attitude at bed time? \_\_\_\_\_

9. Does your child nap during the day? \_\_\_\_\_ How often? \_\_\_\_\_

10. What methods of discipline do you use at home? \_\_\_\_\_