

Trinity Lutheran's Pre-Kindergarten Information Sheet

FAMILY INFORMATION

CHILD'S NAME \_\_\_\_\_ Name to be called at school \_\_\_\_\_

Birth Date (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) Sex (M \_\_\_\_\_ F \_\_\_\_\_)

Baptismal Date (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_)

Children in family and in step-family:	Name	Age
	_____	_____
	_____	_____
	_____	_____

HEALTH

Any allergies (especially food) \_\_\_\_\_

Fears \_\_\_\_\_

Disabilities or activity restrictions \_\_\_\_\_

Operations and major injuries \_\_\_\_\_

Reaction to injury \_\_\_\_\_

Any speech concerns / Attends speech therapy and where? \_\_\_\_\_  
\_\_\_\_\_

Any hearing problems? \_\_\_\_\_

SOCIAL BEHAVIOR

Has your child had previous group experience? \_\_\_\_\_

Where? \_\_\_\_\_

Does (s)he get along well with the other children? \_\_\_\_\_

Circle the word(s) that best describe your child's personality:  
shy                      friendly                      cautious                      outgoing

Is your child left-handed \_\_\_\_\_ Right-handed \_\_\_\_\_

Favorite play activity \_\_\_\_\_

Special interests, such as trips, bugs, plants, etc. \_\_\_\_\_  
\_\_\_\_\_

**EMOTIONAL BEHAVIOR**

Characteristic behavior (circle any words that apply to your child)

- |                 |               |                 |              |
|-----------------|---------------|-----------------|--------------|
| calm            | excitable     | easily angered  | whining      |
| crying          | happy         | stubborn        | quiet        |
| cooperative     | independent   | active          | fights often |
| gives in easily | wants own way | temper tantrums |              |

What behavior do you consider the most difficult to deal with? \_\_\_\_\_

List any particular interests or hobbies parents have(sometimes these will enrich and coordinate with our program): \_\_\_\_\_

In order to meet you and your child's needs please answer the following question. What would you like our program to do for your child? \_\_\_\_\_

\* \_\_\_\_\_  
Signature of person(s) completing the information sheet Date

**Pre-Kindergarten Permission for Pick Up**

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

I give my permission for \_\_\_\_\_ to be picked up by the following people during the 20\_\_\_\_ - 20\_\_\_\_ school year at Trinity Lutheran School.

1. Name \_\_\_\_\_ Relation \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relation \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relation \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Relation \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_