

# Pre-School Student Information Sheet



Student's Name \_\_\_\_\_ Birthday \_\_\_\_\_  
Address: \_\_\_\_\_  
Lives With: \_\_\_\_\_

Please list Siblings (Please include their name & age):  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_  
Best Email for class updates: \_\_\_\_\_

Mother's Info:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell: \_\_\_\_\_

Father's Info:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

Has your child attended a pre-school? Yes No  
If yes, where: \_\_\_\_\_

Which hand does your child prefer to use? Right Left

Does your child have an allergies? If yes, please list:  
\_\_\_\_\_  
\_\_\_\_\_

### Additional Information

Have there been any recent changes or events at home? (death, divorce, new baby...)  
\_\_\_\_\_  
\_\_\_\_\_

Please tell me something about your child that will help me to know him/her better.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_