

Sacred Heart Preschool Student Information Form

Dear Parents/Guardian: Please complete this form as soon as possible, so that I may better reach and teach your child. Your insight is very valuable, as you know your child best!

Student's name: _____

Nickname: _____

Student's birthday: _____

Does your child have any allergies or health concerns? _____

Parent/Guardian Information

Parent/Guardian 1 name: _____

Parent/Guardian 1 email address: _____

Parent/Guardian 1 mailing address: _____

Parent/Guardian 1 phone number: _____

Parent/Guardian 2 name: _____

Parent/Guardian 2 email address: _____

Parent/Guardian 2 mailing address: _____

Parent/Guardian 2 phone number: _____

Can I share your email/phone numbers with other parents in our class? _____

Emergency Contact Information

The following individuals have permission to pick up my child in an emergency situation.

Name	Phone number	Email address (optional)
1.		
2,		

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The following individuals are NOT allowed to pick up my child under any circumstance.

Name	Phone number
1.	
2.	

Additional Information About Your Child

Has your child attended daycare or preschool before?

What does your child like to do at home?

What fears does your child have?

Which hand does your child prefer to use?

What is the best way to comfort your child?

Are there any siblings in the home? If so, please list their names and grades. Note if there are any siblings in attendance at Sacred Heart School.

Anything else we should know about your child?

