

# First Presbyterian Preschool

## Student Information Form 2019/2020 School Year

Child's Name: \_\_\_\_\_

### Family members living in child's home

Name	Relationship to child	Age if under 18

Food allergies/sensitivities: \_\_\_\_\_

Current medication(s): \_\_\_\_\_

Chronic medical conditions: \_\_\_\_\_

Developmental or behavior concerns we should be aware of to help give your child the best possible preschool experience: \_\_\_\_\_

Child's previous experience in group situations or preschool setting: \_\_\_\_\_

Fears we should be aware of: \_\_\_\_\_

Favorite toys/books: \_\_\_\_\_

Hopes for your child this year: \_\_\_\_\_