

ST. TIMOTHY LUTHERAN CHURCH NURSERY SCHOOL  
STUDENT INFORMATION FORM

\_\_\_\_\_  
Name of child

\_\_\_\_\_  
Male/Female

\_\_\_\_\_  
Name you would like your child to be called (nickname)

\_\_\_\_\_  
Child's date of birth

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

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Mother's Email

\_\_\_\_\_  
Mother's Work Phone

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

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Father's Email

\_\_\_\_\_  
Father's Work Phone

\_\_\_\_\_  
Address (Street address, City, State and Zip Code)

\_\_\_\_\_  
Emergency Contact (if unable to reach parent – please include name and relationship to the child)

\_\_\_\_\_  
Phone

Which email should the director and teachers use to send school and class information (mother's, father's, both, or other)? \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Does your child have any siblings? If so, please give their names and ages. \_\_\_\_\_

\_\_\_\_\_  
What is your family's church affiliation or religion? \_\_\_\_\_

What is the primary language spoken in your home? \_\_\_\_\_

Does your child know more than one language? If so, what language(s)? \_\_\_\_\_

\_\_\_\_\_  
Is your child potty trained? \_\_\_\_\_

What are some of your child's favorite activities? \_\_\_\_\_

\_\_\_\_\_  
Do you anticipate any difficulties for your child at school, such as separation anxiety, sharing, or following directions?  
\_\_\_\_\_  
\_\_\_\_\_

(Please turn over and complete back of form).

Does your child have any fears that we should know about? \_\_\_\_\_

Has your child been evaluated for any developmental delays or behavior issues? If so, please explain. \_\_\_\_\_

Has your child received (or is receiving) any type of intervention, such as speech, occupational or behavioral? \_\_\_\_\_

What do you hope preschool will accomplish for your child while he/she is with us?

- Developing social skills
- Making friends
- Developing self-help skills
- Learning pre-kindergarten skills, such as letter recognition
- Other (please explain)

Please share any other information that will help us get to know your child better. \_\_\_\_\_

Please check any/all special talents or interests you are willing to share with your child's class this year:

- Cooking/baking
- Storytelling/reading books
- Playing a musical instrument
- Cutting shapes for art projects
- Volunteering your time at school to help with activities such as Lunch Bunch, Fundraisers, or Substituting (please list which activity you are interested in and what days/times you are available):

- Other (please explain)

Signature \_\_\_\_\_

Date \_\_\_\_\_