



Person(s) Authorized to pick up Child:

\_\_\_\_\_  
(Name) (Relationship to Child)

\_\_\_\_\_  
(Name) (Relationship to Child)

Person(s) **NOT** Authorized to pick up Child:

\_\_\_\_\_  
(Name) (Relationship to Child)

\_\_\_\_\_  
(Name) (Relationship to Child)

*\*Appropriate paperwork such as the divorce decree must be attached if a parent is not allowed to pick up the child.*

What is your church affiliation? \_\_\_\_\_

Other members of the family (brothers, sisters, grandparents, etc.) that live in the home:

Name	Age	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**About your child:**

Has your child had a previous school experience? Yes No

If yes, please give the name and type of school:

\_\_\_\_\_ Length of attendance: \_\_\_\_\_

How many hours does your child sleep at night? (Approximately) \_\_\_\_\_

Describe your child's appetite: \_\_\_ Always hungry \_\_\_ Eats at mealtimes \_\_\_ Snacks  
\_\_\_ Snacks all day \_\_\_ Never hungry \_\_\_ Has to be coaxed to eat

Are there any foods that your child may not or cannot eat? (due to allergies, religious customs, etc.) Yes No

If yes, please list:

Special Interests:

\_\_\_ Singing \_\_\_ Painting \_\_\_ Stories \_\_\_ Trucks \_\_\_ Pets \_\_\_ Outside Play  
\_\_\_ Coloring \_\_\_ Dance Other: \_\_\_\_\_

Is your child: \_\_\_ Generally cooperative? \_\_\_ Shy? \_\_\_ Competitive? \_\_\_ Aggressive?

\_\_\_ Sensitive? \_\_\_ Submissive? \_\_\_ Angry? \_\_\_ Happy? \_\_\_ Whines?

\_\_\_ Usually does what is asked of him/her? \_\_\_ Seldom does what is asked of him/her?

List other behavior characteristics of your child:

Things you would like to see your child do at school?