

About My Child

Child's Name:
Name you would like your child to be called:
Name you would like your child to write:
Language(s) spoken at home:

Church Membership: Christ the King Lutheran Church _____ Other (please specify) _____
Has a Sibling attend Christ the King Christian Preschool?
How did you find out about our preschool?

How does your child get along with other children?
Previous group experiences (Check all that apply and comment if desired): Neighborhood: _____ Sunday School: _____ Play Group: _____ Daycare: _____ Preschool: _____ Other: _____
Is your child: Right-handed _____ Left-handed _____ Unknown _____
Word used for urination _____ bowel movement _____ Special toileting needs:

Food Allergies (please explain in detail):
Eating problems or food dislikes:

Unusual fears:
Describe any nervous habits:
Favorite interests:
Is there anything else you would like us to know about your child?

Other children in the home:	Age	Date of birth
1.		
2.		
3.		
4.		
5.		
6.		