



Hope Church Preschool

(Please fully complete)

Child's Full Name: _____

Name child responds to: _____

Date of Birth: _____ Sex: M _____ F _____ Baptized Yes No

Child's home address: _____

Child lives with: _____

Parent or Guardian Information

Father's Name: _____

Father's home address: _____

Father's phone contacts: home- (____)-____-____ work- (____)-____-____ cell- (____)-____-____

Father's occupation and place of employment: _____

Mother's Name: _____

Mother's home address: _____

Mother's phone contacts: home- (____)-____-____ work- (____)-____-____ cell- (____)-____-____

Mother's occupation and place of employment: _____

Family Email address: _____

Parent's marital status: _____

Child is in legal custody of: _____

Which days will your child attend school? _____

Will your child be part of our Before School Program? _____

If so, what time do you expect to bring him/her to school each day? _____

Will your child be part of our After-School Program? _____

If so, what time do you expect to pick up your child each day? _____

Who will usually be dropping off your child at school? _____

Who will usually be picking up your child from school? _____

Family Information

Please list your child's brothers and sisters and their ages:

Name: _____ D.O.B: _____ Age: _____ Baptized? Yes No
Name: _____ D.O.B: _____ Age: _____ Baptized? Yes No
Name: _____ D.O.B: _____ Age: _____ Baptized? Yes No
Name: _____ D.O.B: _____ Age: _____ Baptized? Yes No

Please list any other persons living with your child and their relationship to your child: _____

Health Information

If your child has any allergies, please give details and how they are treated: _____

Are there any medical problems or health concerns of which we should be made aware? _____

If your child has had any serious illnesses or accidents, please give details: _____

Does your child have frequent colds? _____

Does your child have frequent ear infections? _____

Does your child vomit easily? _____

Is your child using a prescribed medication on a regular basis? _____

If yes, what is the medication? _____

Personal History

Is your child right or left handed? _____

Has your child had a previous group or preschool experience? _____

Has your child ever been removed from a school for behavior issues? _____

If yes, please explain: _____

At what age was your child fully potty trained? _____

What are some of your child's favorite activities? _____

Does your child have any fears? _____

Does your child have any problems that we should be aware of? _____

How would you describe your child's personality? _____

What is your child's concept of God? _____

What best motivates your child? _____

Any additional information you would like to share about your child? _____

Goals for your child this year (What would you like your child to get out of his/her preschool experience?)

Academic: _____

Spiritual: _____

Social: _____

Physical: _____

I do/ do not (circle one) give permission for my child to be photographed at school for the purpose of sharing those photographs.

Parent Signature: _____

Date: _____

Hope Church Preschool

Parent Volunteer Questionnaire

St Mark Preschool teachers encourage all parents to be involved in their child's education. Please complete and return with your paperwork at the Ice Cream Social. Thank you for your help and support. We are looking forward to a wonderful year of love and learning!

Student Name: _____

Parents' Names: _____

Please circle YES or NO to the following questions.

Please do not leave blank.

- Would you be willing to help during "messy days" or with special projects at school?
YES NO
- Would you be willing to help prepare materials or projects at home? Example: cutting out patterns or making play dough. YES NO
- Would you be willing to help with classroom parties or special events?
YES NO
- Do you have special skills or hobbies that you would be willing to share with the school such as woodworking or ceramics? YES NO
- Please explain your gifts: _____
- Do you have, or does a member of your family have, a vocation suitable for sharing during our community helper unit such as a fireman, nurse or a cook?
YES NO
What vocation? _____
- Have you ever been to another country or have a cultural background that you would be willing to share with the students? YES NO
- Please list any other way that you would willing to help. _____
