First United Methodist Church Preschool
STUDENT INFORMATION FORM

Expected Drop-Off Time:_____ Expected Pick-Up Time:_____

1. Child's Name_____
   First Middle Last
2. Names and ages of other children in the family_____
3. Church Home_____
4. Does your child have opportunities to play with other children?_____
5. Favorite play materials and/or activities?_____
6. What are your child's interests?_____
7. Does your child have any special needs or behaviors we need to be aware of?_____
   _____
8. Are there foods you DO NOT want your child to eat? _____
9. Special instructions regarding eating habits, toileting or other areas of concern:_____
   _____
10. Serious illness, hospitalizations, operations, allergies or other developmental information:
    _____
11. Any other information that will help us better understand your child?_____
    _____

It is your responsibility to supply a change of clothes for your child in case of an accident. Please provide it by the first week of school in a zip lock bag with your child's name on it.