

## CHILD INFORMATION SHEET PILGRIM LUTHERAN PRESCHOOL AND PARENTS' TIME OUT 3650 W. 106<sup>th</sup> Street Carmel, IN 46032-9607 Phone: (317) 846-6132 fax: (317) 846-3590

## PLEASE FILL IN ALL OF THE BLANKS!

Child's Name		
Last		First Middle
Name to be used at school		Gender: Male Female
Date of birth		Age (as of Sept. 1, 2017)
Address		Primary Phone
Street	City	Zip Code Mom Cell
Email address		Dad Cell
MOTHER		
Name		Birthplace
Occupation		or former occupation
Employer		Work Phone
FATHER		
Name		Birthplace
Occupation		or former occupation
Employer		Work Phone
SIBLINGS		
Name		Date of Birth
Name		
Name		
Name		
Name		Date of Birth
In case of emergency after try	ring to contact both	parents Please contact:
1		
Name		Phone Number
2		
Name		Phone Number

over – more on the back . . . .

## I'd love to have my child's picture used in one of the preschool monthly newsletters.

(please put an 'X' in the box) (No names used)

Who are the members of your present household? (Including parents, children and other relatives) What is the primary language in your household? Does your child have a pet? \_\_\_\_\_ If yes, what is the pet's name? \_\_\_\_\_ Has your child been in group situations before? If yes, please explain Does your child have any known fears (animals, thunderstorms, etc.) Have there been any unsettling changes at home recently? (move to a new home, a new baby, a family death, etc) Please explain Is there additional information which you think would be helpful to your child's teacher? Does your child have any physical or developmental delays or disabilities we should be aware of? Does your child have . . . any food allergies?\_\_\_\_\_\_ other allergies?\_\_\_\_\_\_ Any known health problems? Hearing or sight deficiencies? Is there something in particular that you hope our program will help your child accomplish?

Would you be able (on short notice) to be a substitute teacher? \_\_\_\_\_ Advanced notice? \_\_\_\_\_