



First Step Preschool



Please help us to know your little one better!



Child's Name: _____

Name you would like us to call him or her at school: _____

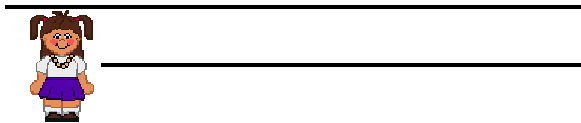
Name you would like your child to learn to write: _____

Address: _____

Phone # & email address: _____

Birth Date: _____

Brothers or sisters (Names and ages) _____



Favorites:

Foods: _____

(Is your child allergic to any foods?) Yes No

If yes, Please explain: _____

Toys: _____ Things to do at home: _____

My child will be attending the: M/W 3's T/Th 3's 4 Yr. Old Pre-K's
(Please circle one)

Has your child been to preschool before? Yes No

If yes, how many years? _____

Do Mom and Dad live together? Yes No



If no, who is child's custodial parent? _____

Are there any special arrangements we should be aware of regarding the release of your child after school? _____

Is there any additional information you would like us to know about your child?



(Please list any medications currently being taken, or previous illness or disease on reverse side of this sheet.)

We appreciate you taking the time to fill out this form so that we can begin to get to know your child before school begins! Thanks for sharing your little one's preschool years with us! We're glad you're here!