

Olivet Preschool

5600 Oak Hill Rd., Evansville, IN 47711

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olivetpreschool@gail.com

Child Information Sheet



Child's Name _____

Nickname or preferred name _____ Date of Birth _____

Father's name _____ Mother's name _____

Siblings (names & ages) & other members of the household:

With who does the child live? _____

If applicable, please explain the legal status of the child and custody/visitation arrangements:

Church affiliation _____ Denomination _____

Would you like to know more about Olivet Evangelical Presbyterian Church and it's ministries? _____

Activity Information:

Is your child used to playing with other children? _____ If so, in what setting? (home, church, library, etc.) _____

Are the other children his/her age, younger or older? _____

Has someone cared for your child besides family members? _____ If so, please describe:

What are your child's favorite activities or toys?

Behavior Information:

Describe your child's most positive attributes (creative, kind, good sense of humor, etc.)

What is the method of discipline/behavior control used in your home?

Does your child accept correction easily? _____

What ways do you find the most successful in dealing with your child when attempting to correct an unacceptable behavior?

Does your child suffer from separation anxiety? _____ Please describe: _____

How do you deal with his/her anxiety? _____

Please turn form over and complete both sides. Thank you!

Please comment on anything which you feel the staff need to be aware of in order to understand your child better (normal behavior, problems, disabilities, family changes etc.) Please include fears, early or late development, ease to over-stimulate, etc.

Transportation Information:

The following persons have my permission to transport my child to and from Olivet Preschool
(please list at least two)

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Is anyone specifically **not authorized** to pick up your child from school? If so, please list name and relationship to your child.

Classroom parent volunteers

I, _____ am interested in volunteering in my child's classroom:

once a month _____ once a week _____ occasionally _____

As a parent, do you have any special talents, enjoy a hobby or have a career that you would be willing to share with the children to enhance our program? (ie. play a musical instrument, crafty, speak another language, enjoy science, like to cook, police officer, doctor, nurse etc.)

Parent/Guardian signature

Date

**Please inform the staff of any changes in the above information during the course of the school year.
Thank you for your time and cooperation!*