

A Great Start Preschool

Child Profile

In order for us to get to know your child better, please complete this form and return it to the Preschool office along with any other paperwork requested to complete your child's file.

Getting to Know Your Child:

Child's Full Name (first, middle, last) _____

Name we should call your child/teach your child to write and recognize:

Is your child potty trained and wearing underpants? ____ Yes ____ No ____ In Process

Child lives with _____

Siblings Names and Ages _____

Does your child have any allergies (food or other) or health conditions or limitations?

Are there any fears, habits, or personality traits that we should be aware of?

Previous group experience _____

Briefly, please explain what the primary goal you would like for your child to accomplish while attending A Great Start Preschool. _____

Over →

Release Authorizations:

Please list below those persons who are authorized to pick up your child from Preschool. Please include parents you may be carpooling with. We ask that you notify the Preschool of any carpool schedule, and notify us as to who will be picking up your child each day (if it is different that normal.) Please remind these persons that we will ask for a picture ID before we release the child into their care.

Snack Program:

At a Great Start Preschool, we have a Parent Participation Snack Policy. We ask that each child bring a nutritious snack and juice for their entire class one time per month. If you do not wish to bring snack for the classroom, we ask that you add a \$6.00 fee to each monthly tuition payment, and we will purchase snack on your child's assigned day. If your child's snack day falls on a day that preschool is not in session, or your child is absent, please bring a non-perishable snack to replenish our supply or pay the \$6.00 snack fee.

_____ I agree to participate in the Snack Program. If I forget to bring snack on my child's assigned day, I will replenish the supply with a non-perishable snack and juice boxes for later use.

_____ I do not wish to participate in the Snack Program. I will include a \$6.00 fee with each monthly tuition payment so that the Preschool may provide snack on my child's assigned day.

Family Directory:

In addition to the Parent Roster, would you like your child's name, address, and phone number given out to any Preschool Families who requests for birthday parties, carpool, play dates, or other? (Please note that this question is separate from the Parent Roster question, which is asked on the Child Enrollment/Health Information Form.)

___ Yes, I would like my child's name, address, and phone number listed on the Family Directory and given to any Preschool families who requests. I may receive mailings time to time from Hope Church.

___ No, I would not like to be included in the family directory.