

A Great Start Preschool Child Profile Form

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 or restrictions (food or other) or health conditions or limitations?

Is your child receiving (or currently being evaluated) for any type of intervention services (Help Me Grow, Speech and Hearing, etc)? Please provide details. _____

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

Previous group experience:

Briefly, please explain the primary goals you would like for your child to accomplish while attending A Great Start Preschool this school year.

Release Authorizations: Please list persons who are authorized to pick up your child from Preschool. Please include other preschool families who 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 than normal. Please remind these persons that we will ask for picture identification if we do not recognize them.

Snack Program:

At A Great Start Preschool, we have a Parent Participation Snack Policy. We ask that each child bring a nutritious snack and drink (bottled water, 100% juice, milk) for their entire class one time per month. If you do not wish to bring snack for the classroom, we ask that you add the snack fee to each monthly tuition payment, and snack will be provided on your child's assigned day. If your child's snack day falls on a day preschool is not in session, on a party or special event day, or a day your child is absent, please bring a non-perishable snack to replenish our supply or pay the snack fee. From time to time, teachers may request the snack family to bring specific ingredients or supplies for a snack time Cooking Activity.

___ I agree to participate in the Snack Program. If I forget to bring snack on my child's assigned day, or my day falls on a day snack is not needed, I will replenish the supply with a non-perishable snack and juice boxes or pay the snack fee.

___ I do not wish to participate in the Snack Program. I will include the snack fee with each monthly tuition payment and snack will be provided for my child's classroom on their assigned day.

Family Directory:

In addition to the Parent Roster, A Great Start Preschool may offer a Family Directory to those who request. Would you like your child's name, address, and phone number given out to any Preschool Families who request (for things such as birthday parties, carpool, play dates, other)? Please note this question is separate from the Parent Roster question which is asked on the Child Enrollment/Health Information Form.

___ Yes, I would like my name, address, and phone number given to any Preschool families who request. I may receive mailings or be contacted from time to time by Southminster Presbyterian Church.

___ No, thank you. We do not wish to be listed in the Family Directory.