



TRINITY UCC PRESCHOOL
2340 State Street
East Petersburg, PA 17520
569-1632 569-0592

INFORMATION REPORT

This information is **confidential**, and is used by the teachers to better *understand your child*, and offer the greatest of benefits:

I. Self Identification (Please write as you want your child to learn.)

Child's Name/Nickname _____

Address _____

Phone Number _____ Date of Birth _____ Age on Sept 1st _____

II. Child's Home and Family

Any "**special interests**" which either or both parents could share as a resource for school (i.e. photography, music, crafts, sports equipment, tours or demonstrations of your occupation.) _____

Parents are: Together _____ Separated _____ Divorced _____ Widow(er) _____

Has anyone, other than parents (include babysitter) , had a substantial role in rearing child?

____ Yes ____ No If Yes, who? _____

Other members of household (children, relatives, etc.)

Name	Relationship to Child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Church Affiliation _____

Pets (cats, dogs, fish, etc.) _____

III. Health

Sleep habits are usually: Nap at _____ Bedtime at _____ Rising at _____

Do you have concerns about your child's

Hearing?	_____ Yes	_____ No
Speech?	_____ Yes	_____ No
Vision?	_____ Yes	_____ No
Behavior?	_____ Yes	_____ No

Please share any details you think would be helpful to our staff

IV. Pastimes

3 Favorite Toys/activities _____

3 Favorite Television Programs/videos/computer games _____

Hours per week spent in "screen time" (television/videos/computer games) _____

Does your child have neighborhood playmates? _____

V. Are there any particular goals you have for your child in preschool?

Signature _____ Date _____