

Home and Family Information for 2010 – 2011
Cross of Christ Lutheran Preschool and Kindergarten
12099 Lowell Blvd., Broomfield, Colorado 80020 (303) 469-1574

- 1) Name of Child _____
- 2) Nickname (If used instead of name) _____
- 3) Date of Birth _____ Place of Birth _____ Female _____ Male _____
- 4) Previous school attendance: _____
- 5) Parent's Full Name _____
- 6) Address _____ Phone _____
_____ Phone _____
- 7) Occupation: _____
- 8) Special interests, talents, or hobbies _____
- 9) Parent's Full Name _____
- 10) Address _____ Phone _____
_____ Phone _____
- 11) Occupation: _____
- 12) Special interests, talents, or hobbies _____
- 13) Who cares for your child while parents are working? _____
- 14) What are some activities enjoyed by your family _____

15) List the brothers and sisters of your child:

Name	Birthdate	Name	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____

Who are the members of your present household: (please include parents, children, relatives, pets, etc.)

16) What are the ages and sexes of children with whom your child plays regularly?

17) What type of play does your child especially enjoy? _____

18) At what age did your child walk? _____ At what age did your child talk? _____

What language is usually spoken at home? _____

Do non-family members easily understand what your child is saying? _____

19) Please comment on your child's physical development and health:

Does your child need help when going to the bathroom? _____

20) Has your child ever been hospitalized? _____

Why and when? _____

21) **What life-threatening allergies does your child have? Will there be an epi-pen at school for this allergy?** _____

22) What non-life threatening allergies does your child have? _____

23) List any medications (or food supplements/modified diets currently being given to your child. _____

24) Has your child ever had an ear/hearing examination or treatment? _____

What were the results? _____

25) Please tell about any special fears that your child may have.

26) What method of discipline do you find works best with your child?

27) What experiences has your child had away from his/her parents?

How does he/she react when left? _____

28) What are your child's favorite toys? _____

29) What are your child's favorite activities? _____

30) Typically, how many hours a day does your child watch TV _____
What are his/her favorite TV programs? _____

31) What are your child's favorite books? _____

32) What would you like us to know about your child? _____

33) Have there been any events that seemed to have had great impact on your child?
Possible events: moving, births, deaths, severe illness of family members, divorce,
other? _____

34) In what ways would you like to see your child develop during the school year?

35) How did you learn about Cross of Christ Lutheran Preschool?

