



Tell us about your child!

Child's Name _____ Birthdate _____

1. What would you like your child to gain from their preschool experience this year?
2. What types of activities does your child choose to do? /What special interests does your child have?
3. Please describe your child's personality that would help us know him/her better.

4. Has your child completed early childhood screening? Yes No

5. Has your child participated in any other childcare or preschool setting? Yes No

If yes: Where _____

Days per week _____ What age did they begin _____

6. Has your child received any special services or testing in the past? Yes No
(Speech, hearing, attention, behavioral, occupational therapy, physical therapy, developmental delays)

If yes, please explain.

7. What is the primary language spoken at home? _____

8. Please mark if the following apply:

____ Older siblings attend St. Joseph's School **OR** older siblings attend _____ (school)

____ Parent or grandparent is an alum of St. Joseph's School _____ Parishioner of St. Joseph's

*Please write additional comments about your child or family, that you would like to share, on the back