VPC Preschool Student Information Sheet

Child's Last Name	Child's First (**Preferred**) Name	Date of Birth
Family Information	Mother	Father
Occupation		
Religious Affiliation		
VPC Member?	Yes/No	Yes/No
Please see the preschool office staff if you would like more information about Vienna Presbyterian Church		
	Sibling's Name/Date of Birth	Sibling's School
Siblings Living with the Child Please put an asterisk(*) beside any siblings' names who will also be enrolled at VPCP this year		
	Relative's Name	Relationship
Other Relatives Living with The Child		
Child's Birth History	Birth Weight	Birth Height
Was your child premature?	Yes/No	# of weeks premature
Does child show hand preference?	Right/Left	No Preference
Does your child have an IEP?	Yes/No	
Is your child potty trained?	Yes/No	
If potty trained, what words does your child use when he/she needs to go?		
Does your child nap?	Yes/No	Time of Day/Length
Does your child like to play alone?	Yes/No	
Does your child prefer playing with adults or children?		
How much time per day does your child spend watching tv or playing video games?		
What is his or her favorite TV show?		
Favorite book?		
Has he/she been in a playgroup?	Yes/No	
Favorite indoor activity?		
Favorite outdoor activity?		
Did your child attend school last year, and if so, where?		
Is English spoken exclusively at home? Yes/No	What other languages does your child speak?	What other languages are spoken at home?

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Does your child have any fears that your teacher should consider in understanding your child?

Do you have any concerns about the upcoming school year?

Do you have any concerns or observations regarding the physical, cognitive or language growth and development of your child?

What experiences do you think would benefit your child at VPC Preschool?

Is there any other information that would help us get to know your child?