

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 | | |
| | | |
| Does your family have a pet? | Yes/No If yes, type and name(s) | |
| Does your family have a favorite activity? | If yes, please describe | |
| Was your child premature? | Yes/No If Yes, # of weeks premature | |
| 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 screen time does your child spend per day?(TV, computer or other electronic device) | | |
| 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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What experiences do you think would benefit your child at VPC Preschool?

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

Do you have any other concerns about the upcoming school year?

Has your child had any professional evaluations for assessment of special needs or developmental delays?
If so, please describe results:

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