



119 Junction Road \* Brookfield \* CT \* 06804 \* 203-775-0140

**Student Information Form**

**Please complete the following information carefully. It is your responsibility to notify the office of any changes.**

Child's Name: \_\_\_\_\_  
Last Name First Name Middle Name Nickname

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year

Enrolled in: \_\_\_\_\_  
Age 3/4/5 Days AM/PM Start/Enrollment Date

**Health**

Allergies? \_\_\_\_\_

Are there any medications given regularly? \_\_\_\_\_

Any serious illness or hospitalization? \_\_\_\_\_

Describe any special needs, handicaps or physical disabilities \_\_\_\_\_

Is your child fully immunized? \_\_\_\_\_

What communicable diseases has your child had? \_\_\_\_\_

Comments concerning:

Hearing \_\_\_\_\_

Ear Infections \_\_\_\_\_

Skin Diseases \_\_\_\_\_

Diabetes \_\_\_\_\_

Any pertinent information concerning medical problems \_\_\_\_\_

**I hereby give my consent for the above named child to receive emergency medical care including First Aid by a certified Staff and/or be transported to an emergency facility, if necessary, in accordance with the Emergency Plan Policy. Our policy states that the individuals authorized access to child health information would be pre-school administrators and the child's teacher(s). An authorized individual will accompany the child with his/her health form and this permission form to the emergency facility.**

Signed by parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Toileting

Your child needs to be toilet trained before starting school. Please teach your child toileting skills.

Can your child be relied on to indicate bathroom needs? \_\_\_\_\_

Child's terminology when referring to bathroom needs? \_\_\_\_\_

## Personal Information

Status of Parents: Living together \_\_\_\_\_ Living Apart \_\_\_\_\_

Does the child live with both parents? \_\_\_\_\_ If not, who is he/she with the most? \_\_\_\_\_

Other children in the family: brother(s): name: \_\_\_\_\_ age: \_\_\_\_\_

\_\_\_\_\_ age: \_\_\_\_\_

\_\_\_\_\_ age: \_\_\_\_\_

Sister(s): name: \_\_\_\_\_ age: \_\_\_\_\_

\_\_\_\_\_ age: \_\_\_\_\_

\_\_\_\_\_ age: \_\_\_\_\_

Do you live with extended family? \_\_\_\_\_

Does your child have the opportunity to spend time with extended family? ie. Grandparents, aunts/uncles, cousins etc. \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Special Holidays Observed: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

If **not** English, how much English does your child know? \_\_\_\_\_

Child's previous school: \_\_\_\_\_ When: \_\_\_\_\_

Have you had another child enrolled at Prince of Peace Pre-School? \_\_\_\_\_

Birth to Three Program: Y/N When: \_\_\_\_\_ IEP: Y/N

## Developmental History

Comment on any issues that may have impacted your child: \_\_\_\_\_

\_\_\_\_\_

Comment on the health of your child during infancy: \_\_\_\_\_

When did your child walk?: \_\_\_\_\_ When did your child talk?: \_\_\_\_\_

Is your child left or right handed? \_\_\_\_\_ Can child zipper? \_\_\_\_\_ Button/unbutton? \_\_\_\_\_

Put on simple garments? \_\_\_\_\_

## Social Relationships

Who will bring your child to school most days? \_\_\_\_\_ Pick up? \_\_\_\_\_

Does your child spend time with both parents? \_\_\_\_\_

Who does the most disciplining? \_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

In most circumstances, do you consider your child easily managed, fairly easy to manage or difficult to manage?  
\_\_\_\_\_

Has your child had experience playing with other children? \_\_\_\_\_

How much time during the week? \_\_\_\_\_ Ages of other children they play with? \_\_\_\_\_

Do you feel your child has problems separating from you? \_\_\_\_\_

How do you handle separating from your child? \_\_\_\_\_

Does your child enjoy being and playing alone? \_\_\_\_\_

Does your child sleep through the night? \_\_\_\_\_ Nap? \_\_\_\_\_

How does your child relate to strangers? \_\_\_\_\_

What makes your child angry? \_\_\_\_\_

How does your child express his/her anger/feelings? \_\_\_\_\_

How do you handle and calm your child's emotions? \_\_\_\_\_

Does your child follow routines at home? \_\_\_\_\_

Does your child have jobs/chores (i.e. put away their toys)? \_\_\_\_\_

Is there any other significant information you might add which would further contribute to a better understanding of your child's personality needs?

Fears: \_\_\_\_\_ Jealousy: \_\_\_\_\_ Biting: \_\_\_\_\_

Nail Biting: \_\_\_\_\_ Thumb Sucking: \_\_\_\_\_ Dependence on Others: \_\_\_\_\_

Dependence on Other Family Members: \_\_\_\_\_ Other Habits: \_\_\_\_\_

Does your child have any pets? \_\_\_\_\_ Names of Pets: \_\_\_\_\_

Is your child afraid of any animals? \_\_\_\_\_

Is your child afraid of noises? If so, what? \_\_\_\_\_

What are your child's favorite toys and/or activities? \_\_\_\_\_

How long will your child stay with an activity? \_\_\_\_\_

What is your child's favorite TV program? \_\_\_\_\_

How long does your child watch TV daily? \_\_\_\_\_

What are your child's favorite books? \_\_\_\_\_

Does your child recognize signs and symbols such as store logos or pictures on signs? \_\_\_\_\_

Does your child recognize or name any numbers or letters? \_\_\_\_\_

What is your child's general attitude towards eating? \_\_\_\_\_

What is your hope for your child during this school year? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Does your child have any behavior characteristics which you would hope to change? \_\_\_\_\_

\_\_\_\_\_

What do you enjoy most about your child? \_\_\_\_\_

\_\_\_\_\_

How did you find out about our school? \_\_\_\_\_

## Parent Involvement Questionnaire

Parent's Name: \_\_\_\_\_

Please indicate any ways you would like to be involved with your child's class or the school as a whole.

\_\_\_\_\_ Classroom Parent

\_\_\_\_\_ Assist with School Pictures

\_\_\_\_\_ Read a Story to Your Child's Class

\_\_\_\_\_ Share Information about Your Profession (please specify profession: \_\_\_\_\_)

\_\_\_\_\_ Share a Special Talent (musical, artistic, cooking etc.) (Please specify: \_\_\_\_\_)

We understand that working parents find it difficult to schedule time to come into school during the day. If you would like to assist us and have any suggestions, we welcome your ideas.

Occasionally early childhood programs are offered grants for educational purposes. Are you employed at a company or corporation which provides educational grants? \_\_\_\_\_

Any suggestions/ideas you may have to assist us in providing the best program for your child?

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# Parental Agreement

I, \_\_\_\_\_ have received all the policies and procedures in the Prince of Peace Pre-School Parent Handbook which includes:

- |   |  |
|---|--|
| Mission and Vision Statements               | Enrollment Procedures                      |
| Tuition                                     | Change of Address – Withdrawal from School |
| School Hours                                | Identification of Guardians                |
| Carpools                                    | Supervision and Ratios                     |
| Ethical Responsibility                      | Student- Parent Get Acquainted Hour        |
| Parent Teacher Relationships (Conferences)  | Parent Participation                       |
| Room Parents – Parent Committee             | Birthdays                                  |
| Special Events & End of the Year Activities | Health and Personal Habits                 |
| Return to School After Illness              | Safety - Outdoor Playground Policy         |
| Clothing and Personal Effects               | Snacks                                     |
| Children’s Well Being                       | Confidentiality                            |
| Discipline Policy                           | Assessment – Resources for Families        |
| Emergency Plans-Weather Related Closings    | Medical- Fire - Evacuation                 |
| Privacy Notice                              |  |

I understand that Prince of Peace Pre-School reserves the right to change any of their policies with a 30-day notification.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

I agree that any picture taken of my child may be used for educational purposes within our school, including the monthly preschool newsletter and/or emails/announcements within our school community. I understand that information about my child will not be shared with other relevant providers, agencies or other programs without written consent from the child’s parent/guardian.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Any picture taken of my child to be used on the Prince of Peace Pre-School Instagram account or school website is approved for use:

\_\_\_\_\_ Any time

\_\_\_\_\_ Upon individual picture approval

\_\_\_\_\_ Not Permitted

My address information and email address(es) may be published in the school directories and distributed to Prince of Peace Pre-School families.

\_\_\_\_\_ Agree

\_\_\_\_\_ Disagree

Child’s Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_