

Prince of Peace Pre-School

Accredited by the National Association for the Education of Young Children



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?

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.

I agree that any picture taken of my child may be used for educational purposes within our school. 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:

_____ Upon individual picture approval

_____ Any time

_____ 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: _____