

OFFICE USE ONLY

Days in care: M T W T F

Hours/day in care: 3 4.5 6

School Year _____

GOOD SHEPHERD EPISCOPAL SCHOOL

2929 Woodland Hills Drive

Kingwood, TX 77339

281-359-1895

GENERAL INFORMATION

Child's Legal Name _____

Name Called _____ Birthdate _____
(Month / Day / Year)

Address _____
Street City Zip

Home Phone _____ Cellular Phone _____

Father's Name _____ Office Phone _____

Occupation _____

Religious Affiliation _____

Mother's Name _____ Office Phone _____

Occupation _____

Religious Affiliation _____

Other adults living in family home _____

Student Lives With: Mother / Father Mother/Stepfather
 Father / Stepmother Mother Father Other

Other children in family:

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____

In case of an emergency or illness, someone local other than parents that would be willing to pick up your child.

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

What previous preschool experience does your child have? (Mother's Day Out, Church school, Nursery School) _____

Child's playmates: Older _____ Younger _____ Same Age _____

Does your child have any physical disabilities? _____

List any serious accidents the child has had _____

Any operations _____

Has there been any illness or changes in the usual routine or environment recently that may have affected your Child?

Does your child have any specific fears or reactions?

In the space below, please tell us any special things about your child (what makes him/her sad, mad, happy, etc.) which you think would help us to get to know him/her better and assist us in planning sessions to include his/her favorite or most needed activities.

Parent Signature _____