

**RESURRECTION PRE-SCHOOL APPLICATION  
2009-2010**

Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

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1. Would you prefer your child to attend the a.m. \_\_\_\_\_ or p.m. \_\_\_\_\_ either is fine \_\_\_\_\_
2. Has this child ever attended Resurrection Pre-School? \_\_\_\_\_
3. Has any other child of yours ever attended Resurrection Pre-School? \_\_\_\_\_
4. Are you a member of Resurrection Lutheran Church? \_\_\_\_\_

**PARENT INFORMATION**

Parent	Parent
Name _____	Name _____
Address _____	Address _____
Home Phone _____	E-Mail _____
E-Mail _____	Home Phone _____
Marital Status _____	Marital Status _____
Place of Employment _____	Place of Employment _____
Address _____	Address _____
Position _____	Position _____
Work Phone _____	Work Phone _____
Days and Hours _____	Days and Hours _____

**CHILD CARETAKER INFORMATION  
(if applicable)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Days and Hours of Childcare \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Parent Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

CONFIDENTIAL INFORMATION

Your Child's Name \_\_\_\_\_

HEALTH INFORMATION

Does your child take a daily nap and what time? \_\_\_\_\_

What time does s/he go to bed at night? \_\_\_\_\_ Does s/he sleep through the night? \_\_\_\_\_

What past illnesses has your child had? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Is there any food that your child cannot eat? \_\_\_\_\_

Does your child have any speech or vision problems? \_\_\_\_\_

Were there any problems related to toilet-training your child? \_\_\_\_\_

Does your child need assistance in toileting him/herself? \_\_\_\_\_

Are there any problems with your child's coordination? \_\_\_\_\_

Is your child right or left-handed? \_\_\_\_\_

Does your child dress him/herself? \_\_\_\_\_ Undress him/herself? \_\_\_\_\_

Please give a statement of your evaluation of your child's overall health \_\_\_\_\_

EMOTIONAL CHARACTERISTICS

What three adjectives best describe your child? \_\_\_\_\_

Has your child had any previous group or group care experience? \_\_\_\_\_

If so, where? \_\_\_\_\_

Were there any issues associated with this experience? \_\_\_\_\_

How does your child generally deal with problems? \_\_\_\_\_

When your child has temper tantrums, how do you handle them? \_\_\_\_\_

Is your child currently under any stress? \_\_\_\_\_

What fears does your child have? \_\_\_\_\_

Do you foresee any problems with your child/s adjustment to pre-school? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

How do you feel about your child attending pre-school? \_\_\_\_\_

What do you think your child will attain from being in pre-school? \_\_\_\_\_

FAMILY INFORMATION

Please list the names and birthdates of siblings \_\_\_\_\_

What language(s) is/are spoken in your home? \_\_\_\_\_

Does your child attend any other group activities (such as lessons, play groups, church school, etc.)? \_\_\_\_\_

OTHER INFORMATION

Is there any other information you would like the staff to be aware of? \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_