

Class Attending: _____ **Date:** _____

Grace Preschool Family Interview

Child's Name: _____ Birth Date: _____

Parent(s) Name: _____

What name would you like your child to use at preschool? _____

Do both parent's live with child? _____ .Has your child had other group experiences

before: _____ If so what types: _____

If not would both parents like to receive parent information from the school? _____

Does your child have other siblings living at home? _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Do you have any family pets? _____ What kind? _____

Does your child have any special fears? _____

Are other languages spoken at home? _____ If so what language? _____

Does your family have a home church? _____ Where: _____

Has your child been baptized? _____ Date: _____

How would you like to receive your parent newsletters ?

Paper: _____ **OR** **Classroom website:** _____

Email address: _____ (please print clearly)

Would you like to volunteer in the classroom for special events? _____

We all have hopes and dreams for our children what is one hope that you have for your child this preschool year?

What is your child's favorite activity to do while at home?

Do you have any concerns about your child's development or behavior?

Please add any additional comments below that would help us better understand and know your child?

Please let us know how you heard about Grace Preschool? Thank You!
