

Class Attending: _____

Grace Preschool Family Interview

Child's Name: _____ Birth Date: _____

Name your child would like to be called: _____

Name you would like used on name tags, cubby? _____

Do both parent's live with child? YES NO

Additional siblings living at home

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

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

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

Do you have any family pets? TYPES?

Are other languages spoken at home? YES NO

If so what language? _____

HOME CHURCH NAME: _____

Has your child been baptized? _____

What expectations do you have for your child this upcoming preschool year?

Parent/guardian name: _____