

Addison Park District Preschool Information Sheet

Child's Name (include nicknames) _____

Address _____ **City** _____

Phone Number _____ **Emergency Phone #** _____

Birth Date _____ **Emergency Phone #** _____

Father's Name _____ **Cell Phone #** _____

Occupation _____ **Work Phone #** _____

Preferred e-mail address

Mother's Name _____ **Cell Phone #** _____

Occupation _____ **Work Phone #** _____

Sibling names and ages

Are there others living with the family? (Relationship) _____

Is there a language other than English spoken in the home? _____ **If so, what language?** _____

What type of residence? _____ **Home** _____ **Apartment** _____ **Other**

Child lives with _____ **Both parents** _____ **Mother** _____ **Father** _____ **Other (please explain)** _____

Are there any intellectual or developmental concerns? (Please explain)

Allergies _____ **Is child on any medications?** _____

Previous school experience _____

Is the child left handed? _____ **Yes** _____ **No** _____ **Care for own toilet habits?** _____ **Yes** _____ **No**

Persons allowed to call for the child (please include phone number) _____

If there is anything you feel would help the teacher(s) to know your child better, please explain:

