



# Preschool Information Form 2024 – 2025



Child's First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

( ) Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Girl \_\_\_\_\_ Boy \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Parent's Occupation: \_\_\_\_\_ Parent's Occupation: \_\_\_\_\_

( ) Parent's Work #: \_\_\_\_\_ ( ) Parent's Work #: \_\_\_\_\_

( ) Parent's Cell #: \_\_\_\_\_ ( ) Parent's Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

(Please print clearly)

(Please print clearly)

Please prioritize phone numbers in the order you would like us to contact you if needed with numbers 1-5.

Alternate Local Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

*(Other than names listed above)* Relationship to child: \_\_\_\_\_

Parent's Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Other: \_\_\_\_\_

If divorced or separated, which parent does your child reside with? \_\_\_\_\_

Siblings names and ages if any: \_\_\_\_\_

Does anyone else live in your home? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name and relationship to child: \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

Please list any special needs, allergies, medications/dosages, or other medical information Park District staff or emergency personnel should be aware of: \_\_\_\_\_

Does your child need NWSRA inclusion assistance? \_\_\_\_\_

Does your child currently receive (or received in the past) outside services or therapies? (i.e.: Speech, OT, PT) Yes\_\_\_\_\_ No\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has your child ever had any difficulties with: Hearing\_\_\_ Speech\_\_\_ Vision\_\_\_ Other \_\_\_\_\_  
If yes, what correction has or is being made? \_\_\_\_\_  
\_\_\_\_\_

Do you have any pets? Please describe. \_\_\_\_\_  
\_\_\_\_\_

Has your child attended other group programs? (ie. Park district programs, library, other preschool, etc.)  
\_\_\_\_\_

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

Does your child have any fears? (i.e. animals, the dark, lightning, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information that you would like to share with the staff? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you find out about our preschool or why did you choose it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What goals do you have for your child in preschool this year?  
\_\_\_\_\_  
\_\_\_\_\_

Please check which School District you reside in? 21\_\_\_\_\_ 96\_\_\_\_\_ 102\_\_\_\_\_ 103\_\_\_\_\_ Other \_\_\_\_\_  
My child will attend Kindergarten at (if known): \_\_\_\_\_.

Will your child be attending another school during preschool year? Yes\_\_\_ No\_\_\_  
If yes, please list the school and the days attending. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_