

Atonement Lutheran School Early Childhood Program



Student Information

Name: _____
Last First Middle Name Child goes by

Address: _____

City: _____ Zip: _____ Home Phone: _____

Date of Birth: _____ Male _____ Female _____

Church Attending: _____ Name of Pastor: _____

Has child been Baptized? _____ Yes _____ No Date of Baptism: _____

Family Information

Father's Name _____ Phone _____

Address _____

Occupation and place of Employment _____

Mother's Name _____ Phone _____

Address _____

Occupation and place of Employment _____

Marital Status of Parents _____

Siblings: *Please list names and ages*

Please list any other persons living with the child and their relationship to the child _____

Personal History

Does your child have any allergies? _____

Are there any medical concerns that we should be aware of? _____

Has your child had any serious accidents? _____

Is your child right-handed or left-handed? _____

Has your child had a previous group or preschool experience? _____

If so, where and when? _____

What are some of your child's favorite activities? _____

Does your child have any fears? _____

What best motivates your child? _____

How would you describe your child's personality? _____

What is your child's concept of God? _____

Does your child have any special learning needs identified by a professional or by you? _____

Any other information you wish to share? _____
