

St. Mary of the Falls Preschool Student Information Form

Student's Name: _____ Date of Birth: _____

Information about your child:

Has your child previously attended a preschool or day care: Yes _____ No _____

If yes, name the school or center: _____

Does your child attend Sunday preschool classes? _____ Library Story Hour? _____

Other classes or lessons? _____

Does your child play with other children? _____ If yes, what ages? _____

Does your child play well with others? _____ Alone? _____

Favorite toys or games? _____

Special fears or concerns: _____

Any allergies, serious illness or injuries that may affect your child's participation in class activities?

Please share any other information which would help us in working with your child.
