

PRESBYTERIAN DAY SCHOOL ENROLLMENT QUESTIONNAIRE

The purpose of this form to help us learn as much as we can about your child. We will be better prepared to teach your child with complete information from you.

FAMILY INFORMATION

CHILD'S NAME: _____
CALLED: _____
BIRTHDATE: _____
RELIGION: _____
SIBLINGS: _____
(NAME, AGE)
CHILD LIVES WITH: _____
ANY OTHERS IN HOUSEHOLD: _____

MOTHER: _____
PLACE OF EMPLOYMENT: _____
WORK NUMBER: _____
CELL NUMBER: _____
E-MAIL ADDRESS: _____

FATHER: _____
PLACE OF EMPLOYMENT: _____
WORK NUMBER: _____
CELL NUMBER: _____
E-MAIL ADDRESS: _____

DO YOU GIVE PERMISSION TO DISPLAY PICTURES IN:

_____ CHURCH NEWSLETTER
_____ SCHOOL/CLASSROOM EVENT
_____ SCHOOL WEBSITE (NAME NOT INCLUDED)
_____ ADVERTISING

NAMES OF OTHER PERSONS, OTHER THAN PARENTS, TO WHOM CHILD MAY BE RELEASED:

NAME: _____
PHONE NUMBER: _____
RELATIONSHIP TO CHILD: _____

NAME: _____
PHONE NUMBER: _____
RELATIONSHIP TO CHILD: _____

MEDICAL INFORMATION

PLEASE INDICATE ANY PROBLEMS, NEEDS, OR ALLERGIES YOUR CHILD MIGHT HAVE:

TOILET HABITS: ___ GOES TO RESTROOM ON OWN

 ___ NEEDS REMINDING

EATING HABITS: ___ GOOD ___ AVERAGE ___ POOR

SCHOOL EXPERIENCES

OTHER SCHOOL/DAYCARE/PLAYGROUP EXPERIENCES:

QUALITY OF THESE EXPERIENCES:

CHILD'S BEHAVIOR

___ EASILY MANAGED ___ FAIRLY EASILY MANAGED

___ DIFFICULT TO MANAGE

BEHAVIOR PROBLEMS:

SPECIAL CIRCUMSTANCES, SUCH AS DEATH, DIVORCE, HOSPITALIZATION, ETC., WHICH MIGHT BE A FACTOR IN YOUR CHILD'S BEHAVIOR:

CHALLENGES YOUR CHILD'S TEACHER MAY HAVE WITH YOUR CHILD:

CHILD'S INTERESTS

CHILD LIKES: _____

CHILD DISLIKES: _____

ACTIVITIES CHILD CANNOT PARTICIPATE IN: _____

CHILD'S REGULAR PLAYMATES AND THEIR AGES: _____

OTHER INFORMATION YOU WOULD LIKE TO PROVIDE US IN ORDER TO HELP PDS TO BETTER UNDERSTAND YOUR CHILD:

PARENT SIGNATURE: _____

DATE: _____