

"About Your Preschool Child"

Child's Preferred Name _____ Class (circle) Preschool 3's Pre-Kindergarten

Brother and Sisters

Name _____

Age _____

Name _____

Age _____

Name _____

Age _____

Name _____

Age _____

What are your child's hobbies or interests?

Special fears:

What are your child's strengths and areas for improvement?

How often does your child have the opportunity to be other children his/her own age? List examples of the opportunities (Sunday School, preschool, daycare, sports, etc.)?

What do you hope to receive from the Zion Lutheran Early Childhood Program experience for your child and for yourselves as parents?

Please share any other information you feel might give us better insight into your child's personal or academic needs.
