

# "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?

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Special fears:

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

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

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

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

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