
St. Anthony Preschool Student Information Form

Child's Full Name: _____

Name child will go by at school: _____

Date of Birth: _____ **Sex:** **Male** **Female**

Address: _____

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Child's Home Phone Number

Father's Name

Mother's Name

Please help us to learn more about your child.

Does your child have any learning or behavior disabilities we should be aware of?

Names and ages of brothers and sisters:

Has your child had previous preschool experience?

Is your child right-handed or left-handed?

What does your child enjoy doing with Mom?

What does your child enjoy doing with Dad?

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What is your child's favorite book?

What is your child's favorite movie?

What after school activities does your child participate in?

What is your child's favorite color?

Does your child have any dislikes?

Does your child have any fears?

How does your child separate from his/her parents?

Does your child have any pets? If so, what kind and what is their name?

What discipline method works well with your child?

Does your child go to Church on Sunday?

What do you expect your child to learn spiritually this year?

What do you expect your child to learn socially this year?

What do you expect your child to learn academically this year?

As a parent, what are the two most important qualities you think a teacher should have?

Please add any additional comments that you would like to share about your child.
