

NORTHVIEW PRESCHOOL INFORMATION

Please complete this form for the Northview Community Education and Great Start Preschool Programs. Omit any information you do not wish to share.

Child's name: _____ DOB: _____ M or F

Address: _____

Phone number: _____ E-mail address: _____

Child likes to be called _____

Brothers and sisters (names/ages) _____

Father's name _____ Occupation _____

Mother's name _____ Occupation _____

Child resides with _____

Language spoken at home _____

Previous school experience _____

What special concerns do you have about your child? (Please include any physical problems such as allergies to foods or bee stings, surgeries or visual/hearing problems.) _____

Any unusual family situations? _____

Please give a brief description of your child. (Temperament, interests, dislikes, etc.).

Do you have any specific concerns about your child's development?

How does your child feel about coming to school? _____

What specific things has your child been looking forward to? _____

Did your child have any problems at birth? _____

Birth weight _____ Sat alone at _____

Walked at _____ First Word at _____

First sentence at _____ Toilet trained at _____

Any history of ear infections? _____ Tubes? Yes No

High fevers? _____

Any traumatic experiences? _____

PLEASE INDICATE YOUR PREFERENCE: (Please circle)

Northview Community Education Preschool:

First Choice: MWF or T/TH AM or PM

Second Choice: MWF or T/TH AM or PM

Great Start Preschool: (Attend M-TH)

First Choice: AM or PM

We will do our best to honor your first choice.