GOOD SHEPHERD PRESCHOOL
QUESTIONNAIRE & EMERGENCY CONTACT INFORMATION

(This is a two-sided form.)

Name of Child: _____ Date of Birth: _____

Name Preferred in the Classroom: _____ Sex (circle): Male Female

Address: _____

Subdivision: _____ Home Telephone: _____

E-Mail Address for Preschool Correspondence: _____

Mother's Name: _____

Occupation: _____ Cell Phone: _____

Place of employment: _____ Work Phone: _____

Father's Name: _____

Occupation: _____ Cell Phone: _____

Place of employment: _____ Work Phone: _____

Parents' Marital Status: _____

If divorced, please provide custody information: _____

Religious Preference: _____ Language(s) Spoken in the Home: _____

Please list all family members (other than parents) living in the home.
Please provide ages of siblings, and specify whether they attended Good Shepherd Preschool:

Name: _____

Name: _____

Name: _____

Name: _____

What is your Fairfax County neighborhood school? _____

If both parents are employed outside the home, who is your child's regular child care provider?

Name _____ Phone Number _____

Address _____ Cell Number _____

How often is child care provided? _____

--OVER--

Has your child had preschool experience? _____ Where? _____

Does your child appear to be right or left handed? _____

How would you describe your child's personality? _____

_____

Has your child ever been referred for, evaluated for, and/or received therapeutic services? (Child Find/IEP/OT…)_____

If yes, please explain _____

Does your child have any allergies? _____ If yes, please explain _____

Does your child's allergies require emergency medication to be kept at school (epi-pen, albuterol, etc.)?_____

Is your child on any continuous medication? _____ If yes, please explain _____

Do you have any special talents to share with the preschool? (art, music, occupation, hobby, etc.) _____

_____

EMERGENCY AND PICK-UP INFORMATION
(PLEASE PRINT CLEARLY-- COMPLETE ALL SECTIONS.)

Persons (other than parents) who are authorized to pick up your child:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Persons (other than parents) to be called in case of emergency. Be sure to include someone who will usually know your whereabouts. **PLEASE TURN CELL PHONES ON DURING SCHOOL HOURS!**

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Child's Physician or Pediatric Group _____

Physician's Address _____ Phone Number _____

I (we) have read the parents' handbook and understand our responsibilities.

_____ _____
Signature Date