

Prefer A.M.: _____
Prefer P.M.: _____

Received Date: _____

**COLUMBIA CITY UNITED METHODIST CHURCH
PRESCHOOL PRE-REGISTRATION FORM
605 North Forest Parkway
260/244-7671**

YOUR CHILD'S PERSONAL HISTORY

2009-2010 School Year

These questions are asked to enable us to become more knowledgeable about your child. Please give us whatever information you can that will help us know his/her needs and interests as fully as possible. This form is for teacher use only. Thank you!

Child's Name _____ Name to be used
at school _____ Birthdate _____
Home address _____ Zip Code _____ Telephone _____
Name of school child will be attending for Kindergarten _____
Mother's Name _____ Occupation _____
Father's Name _____ Occupation _____
People in the home: Father ___ Mother ___ Other people in the home are:
Name Age Relationship to Child

If both parents are employed, in whose care is the child during working hours?

_____ Telephone _____

What would you consider to be your child's strengths at this time? _____

What specific experiences or growth would you like to see your child gain from the preschool experience this year? _____

Is your child adopted? _____ Does he/she know that? _____ Age at adoption _____

Is your child right or left handed? _____

TOILETING

Is child toilet trained? _____ Does child eliminate by him/herself? _____

Does child need to be reminded? _____

Does child need help with clothing? _____

Does child have certain words to indicate a need to eliminate? _____

Is there any emotional trauma or unsettling incident in your child's life of which we should be aware? _____

Are you aware of fears or anxieties your child has? _____

What comforts your child when troubled? _____

If your child has a security object, what is it? _____

How do you handle discipline? _____

Does your child have a pet? _____ If so, type and name _____

What play materials or equipment seem to hold your child's attention the longest?

How much time does your child watch TV daily? _____

What are the favorite TV shows? _____

Has your child previously been involved in group experiences with other children? _____

Please list _____

CCUMC Preschool

School Year: _____

HEALTH INFORMATION FORM

Child's Name _____

Do any of the following health concerns affect your child? Please explain.

Serious illnesses or injuries _____

Handicaps _____

Food allergies _____

Other allergies _____

Hearing difficulties _____ Does your child wear a hearing aid? _____

Visual difficulties _____ Does your child wear glasses? _____

Speech difficulties _____ Is child in speech therapy? _____

Continuing medication _____

Are there any special health needs we need to be aware of while your child is in our care?

Date of last physical exam _____

Any other information you wish to share _____

HISTORY OF IMMUNIZATIONS & TESTS (indicate month/year)

	1	2	3	4	5
DTP/Td					
TOPV					
Measles					
Rubella					
Mumps					

Name of Physician _____ Telephone Number _____

(Please print)

Is there any further information concerning your child and his/her environment that would help us better understand your child? _____

**** Applications should be returned as soon as possible as classes are filled on the basis of when applications are received. A check for the \$ 25.00 non-refunded registration fee made out to the Columbia City United Methodist Church must be included. Scholarship applications may be obtained by contacting the church at 244-7671. Please turn in the application form to the church office. Children must be 3 years old by August 1, 2009.**