


**SAINT PETER LUTHERAN SCHOOL**  
**PRESCHOOL**  
**Student Information Sheet**

STUDENT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Last
First
Middle

**PROGRAM ENROLLING IN: (Please Circle)**

- |  |   |
|--|---|
| 3 Year Old Preschool - 5-Full day        | 4 Year Old Preschool - 5-Full day       |
| 3 Year Old Preschool - Five Morning      | 4 Year Old Preschool - Five day Morning |
| 3 Year Old Preschool - Two day Morning   | 4 Year Old Preschool - Three Morning    |
| 3 Year Old Preschool - Two day Afternoon | 4 Year Old Preschool - Three Afternoon  |

\* We will try to honor your request, but can not guarantee it. All programs are subjected to change and may not be available due to insufficient enrollment. You will be notified and given the opportunity to change to another program. If you do not wish to enroll your child in another program, your registration fee will be refunded.

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**HEALTH HISTORY**

Does your child have frequent: Colds \_\_\_\_\_ Ear Infections \_\_\_\_\_ Headaches \_\_\_\_\_ High Fevers \_\_\_\_\_  
 Tonsillitis \_\_\_\_\_ Strep Throat \_\_\_\_\_ Stomachaches \_\_\_\_\_

Any serious illnesses/accidents:  
 (Specify) \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Any Physical disabilities or limitations: \_\_\_\_\_

Does your child take regular medication? \_\_\_\_\_ For \_\_\_\_\_

Any other medical concerns \_\_\_\_\_

Specific Allergies \_\_\_\_\_

**GENERAL DEVELOPMENT**

Does your child spend time with both parents? \_\_\_\_\_

If separated, how often does your child see absent parent? \_\_\_\_\_

Indicate previously attended Child Care and/or Preschool. \_\_\_\_\_

How does your child show his/her feelings? \_\_\_\_\_

Does your child adjust well to new situations? \_\_\_\_\_

Continued on other side

**ST. PETER LUTHERAN SCHOOL, SCHAUMBURG, IL**

**GENERAL DEVELOPMENT**

What method of discipline is used at home? \_\_\_\_\_

What time does your child go to bed? \_\_\_\_\_ Awaken? \_\_\_\_\_

What are your child's favorite outdoor activities? \_\_\_\_\_

Indoor Activities? \_\_\_\_\_ Toys/Games? \_\_\_\_\_

Favorite person/people \_\_\_\_\_

Does your child have special interests? \_\_\_\_\_

Talents? \_\_\_\_\_

Do you have any pets? (Type & Name) \_\_\_\_\_

What language or languages are spoken in the home? \_\_\_\_\_

Does your child have neighborhood playmates? \_\_\_\_\_

Does your child enjoy playing alone? \_\_\_\_\_

Is your child frightened by: Animals? Specify \_\_\_\_\_

Dark? \_\_\_\_\_ Loud Noises? \_\_\_\_\_ Storms? \_\_\_\_\_

Other? \_\_\_\_\_

Does your child dress and undress himself? \_\_\_\_\_ Does your child nap? \_\_\_\_\_ How long? \_\_\_\_\_

Can your child indicate his/her bathroom needs? \_\_\_\_\_ Word used for urination? \_\_\_\_\_

Bowel Movement? \_\_\_\_\_

Toilet accidents occur:      Frequently \_\_\_\_\_      Occasionally \_\_\_\_\_      Seldom \_\_\_\_\_  
   Never \_\_\_\_\_

Any other information about your child that would be helpful for the teacher to know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_