

Sunrise Preschool Registration Form 1 of 2

Class student is attending (please circle one) 3's Pre-K 4

Child's name _____ Prefers to be called: _____

Gender: _____ D.O.B _____ Age _____ Height _____ Weight _____

Home Address _____ Zip _____

Home Phone _____ Cell Phone _____

Parent(s) Name _____ Work Number _____

Email Address(es) _____

In case of emergency please notify (if parents are unavailable)...

Name and phone _____ Relationship _____

Name and phone _____ Relationship _____

List other family members and their ages

Does your child have any known allergies? _____ If so, please be specific _____

Does your child take medication regularly? _____

Does your child have any health problems we should be aware of? _____

How did you hear / learn about Sunrise Preschool? _____

About your child...

Describe his/her relationship with other children _____

How old are most of his/her playmates? _____

What is your child's attitude toward strangers? _____

Has your child had previous group experience? _____

What are recent major events in your child's life? _____

Describe your child's temperament _____

How does your child react to new things/changes in routine? _____

What is the method of behavior control used at home? _____

When alone, what activity would your child choose to do? _____

What does your child still need to have done for them? _____

Estimate your child's attention span for a quiet activity _____

Do you have difficulty understanding his/her speech? _____

What activities can your child already perform? Writes name? _____ Alphabet/numbers? _____

Counting? _____ Other _____

Do you have concerns about any aspects of your child's development? _____

What do you hope will be provided in your child's preschool program? _____
