

All Saints' Episcopal Preschool Registration 2012-13

FAMILY INFORMATION FORM

This information will be for your child's teacher. It will be kept in a confidential file in the preschool office.

Child's Full Name: _____

Please check one: Male: _____ Female: _____

Please include information for members of child's immediate family.

Name	Relationship	DOB	Living in Home

PARENTS MARITAL STATUS:

Married: _____ Single: _____ Widowed: _____ Divorced: _____

Is child under guardianship with someone other than parents? Yes: _____ No: _____

Are there any Court Orders we need to be aware of at this time regarding Parent Custody issues? Please explain:

THINGS TO KNOW ABOUT YOUR CHILD:

Please describe your child's personality, temperament and your expectations for this school year:

Does your child have any special interests, strengths, weaknesses or fears that you would like to share with us?
