

Lord of Life Preschool-Fairfax 2016-17 Data Form

Child's name: _____ **Preferred name:** _____

Birthdate: _____ **M F Toilet trained:** yes no almost

Primary language spoken by the child: _____

Other languages spoken in the home: _____

What elementary school serves your neighborhood? _____

Family Information:

Name of legal guardian: _____

Siblings-names/ages: _____

Other Family members in home: _____

Does either parent have a last name different than the child's? _____

Volunteering:

Would you be interested in volunteering to help with classroom projects?

Do you have a hobby, talent or occupation that you would like to share with the class? _____

Other side also

Tell us about your child:

What are your child's favorite activities? _____

In what areas would you like to see your child grow this year? _____

What comforts your child if they become upset or afraid? _____

Please list any food your child may not or cannot eat. _____

Please list any special services your child is receiving. The staff is happy to work with any specialists. _____

Please list any other programs that your child is currently attending.

Please let us know anything else you feel will help the staff to better know your child. _____
