

PRESCHOOL STUDENT PROFILE



Please complete this form so we can learn a little more about your child.

Child's name _____

What name would you like us to use at school? _____

Other People Living in the Home:

Language(s) Spoken at Home: _____

What are your child's favorite activities or special interests?

What methods of guidance and discipline do you use most often?

How do you hope that preschool will benefit your child?

Something special about your child.

Person Completing this Form: _____

Relationship to Child: _____

Parent Signature: _____

Date: ____ / ____ / ____