

Student Information Sheet

Student's Name _____ Nickname _____

Date of Birth _____ Was your child premature? _____

Are you concerned about your child's development? (i.e.: hearing, speech, fine motor skills)

Parents'/Guardians' Names _____

Occupations _____

Siblings' Names and Ages _____

Does child live with one or both parents? Explain _____

Home Address _____

Home Phone Number _____ E-mail Address _____

Other Phone Numbers (names and cell #'s / work #'s) _____

Other Emergency Contact's Names and Phone Numbers _____

Names and Phone Numbers of Persons Authorized to pick up your child _____

Codeword _____ Are you a member of New Hope Church? Yes / No

Food or other Allergies _____

What language do you speak at home? _____

Does your child have fears? _____

Are there any Holidays that you do not participate in? _____

What are your child's favorite activities? _____

What hopes or expectations do you have for your child from our program? _____

Any other information that you feel would be beneficial for us to know. _____

**Please use space on back if needed. Thank you!*