



SAINT JUDE CATHOLIC SCHOOL

Pre-Kindergarten Information Sheet

A. Child's Name: _____

Birthdate: _____

B. Pick up and Emergency

Persons to whom the child is to be released:

1. Name _____

Phone _____

2. Name _____

Phone _____

3. Name _____

Phone _____

In case of emergency, persons to be contacted other than parent:

1. Name _____

Phone _____

2. Name _____

Phone _____

3. Name _____

Phone _____

* Password _____

Family Physician _____

Phone _____

C. GET ACQUAINTED INFORMATION

1. What are your child's favorite toys? _____

Does your child have a pet? _____

If so, what? _____

2. How many hours a day does your child watch T.V.? _____

What programs does he/she view? _____

3. What is the usual bed time hour? _____
4. Does your child have any habits such as thumb sucking, nail biting, or others? Please describe.

5. Does your child have any particular fears or nightmares?

6. Does your child use any expressions that may not be understood by other (such as “wee-wee” for urine?)

7. What is your usual method of reassuring and rewarding your child?

8. What is your “philosophy” of disciplining your child?

9. Does your child have any allergies?

10. Is your child under any medication or therapy?

11. What foods does your child enjoy?

12. Please list names, relationships, and ages of brothers, sisters and other members who live in the home.

13. Have there been any major changes in the family such as separation, divorce, death, illness, or moving?

Please list anything else about your child that you think we should be Aware of in school. Thank you.