

**LINCOLN LEARNING CENTER
STUDENT INFORMATION FORM**

Name of Child _____ Birth date _____ Age _____

Sex M F Brothers ___ Age ___ Age ___ Age ___ Sisters _____ Age _____ Age _____ Age _____

Sibling Names: _____

Background Information

If your child does not speak fluent English, what language is being spoken at home? _____

Is child completely toilet trained? _____

Has child had any serious or severe illnesses or accidents? _____

What type of discipline do you use at home? _____

Family Traditions, Cultures and Holidays - Help our preschool class recognize your cultural traditions and holidays.

This portion is optional

With what cultures does your child identify (ancestry, religion, etc.)? _____

Are there special holidays celebrated in your home of which you would like us to be aware? _____

Would the adults in your family be willing to help the staff teach these holidays and cultures in your child's classroom?

YES **NO**

Are there any holidays you do not wish your child to celebrate? **YES** **NO** Please specify _____

Parents' Evaluation of Child's Development

Physical _____

Social _____

Self-Help _____

Emotional _____

Learned Skills _____

Creative _____

Does child have any special interests and/or abilities? _____

Has child had any previous group play experience? _____

Does child have any special problems, fears, moods, etc? _____

What do you expect of our program? _____

Other remarks _____

Signature of Parent/Guardian _____ **Date** _____

Please check the class your child will be attending

- | | | | |
|----------------------------|----------|--------------------|----------|
| _____ 4/5 yrs M, W, F | 8:45 am | _____ 3 yrs M, W | 8:45 am |
| _____ 4/5 yrs M, W, F | 12:00 pm | _____ 3 yrs TU, TH | 8:45 am |
| _____ 4/5 yrs T, TH | 8:45 am | _____ 3 yrs TU, TH | 12:00 pm |
| _____ 4/5 yrs M, TU, W, TH | 12:00 pm | | |