

PRE-KINDERGARTEN 2023/24 BACKGROUND INFORMATION

This form is necessary for completion of your child's registration. Please return by the first day of class. (*Please PRINT*.)

Child's Legal First and Last Name_				
First Name to Be Used at School (if d	ifferent from Leg	gal Name)		
Birth Date	(circle) Male	Female		
Baptism Date	_ Church of B	aptism		
Prior Pre-School or Day Care experie	ence?	Yes	No	
If Yes, where and when?				
Public School District in which you r	reside	_ Name of Public	School	
Home Address				
Home Phone	E-Mail	Address		
Father's Name				
Birthplace	Reli	gious Affiliation		
Occupation		Full Time	Part Time	
Employer	V	Vork Phone		
Address	C	ell Phone		
Mother's Name				
Birthplace	Religiou	us Affiliation		
Occupation	Full	Time Part T	ime	
Employer	Work	Phone		
Address	Cell Pl	hone		

Parent Marital Status:	Married	Divorced	Widowed	Separated	Single Parent
Legal Custody of child	is limited to	Both Pare	nts Fath	er Only	Mother Only
OTHER (please explai	n)				
Please list all the people	e who current	tly live in you	r home, statin	ng name and r	elationship.
Primary language spok	ten at home				
Is your child regularly	exposed to an	iotner languag	ge? Yes	No	
If Yes, which language	e(s)				
Does/Has anyone other	r than parent(s	s) have/had a	substantial ro	le in rearing y	our child?
Ye	żs	No			
If Yes, please give nan	ne and relation	nship and brie	efly describe the	he role in chil	d rearing.
Pediatrician's Name _			Phone		
HEALTH HISTORY	•				
Weight He	ight	Birth We	ight	_ Full Term?	Yes No
Were there any compli	cations during	g pregnancy o	or birth? Yes	No	
If yes, please explain _					
Does your child have a	ny allergies (food or enviro	onmental)?	Yes No	
If yes, please explain _					
List contagious disease which child contracted					

Please circle each to which your child is prone:						
strep frequent colds tonsillitis stomach aches febrile convulsions						
vomiting nose bleeds high fevers ear aches/infections						
Does your child suffer from (circle all that apply):						
asthma hay fever hives						
Does your child have any dietary restrictions? Yes No						
If Yes, explain						
What special precautions must be taken in regard to your child's physical development and/or health?						
Does your child have a special problem with (circle all that apply)?						
speech vision hearing						
Is your child receiving any therapy for their special need? (i.e. speech, occupational, physical, etc) Yes* No						
School District Provided Privately Provided						
*If yes, please describe in detail the services they are receiving						
Please give a brief statement regarding your child's overall health						
SOCIAL HISTORY						
Does your child have neighborhood playmates? Yes No						
How does your child get along with other children?						
Does your child initiate play or follow others?						
Is your child's play at home usually (circle as many as apply):						
active sedentary energetic quiet solitary boisterous						
aggressive passive cautious self-initiated dependent on adult						
Is your child usually confident in new situations? Yes No						
How does your child handle separation from you?						

DEVELOPMENTAL HISTORY

Does your child						
Have a regular bedtime? Y	es No	Nap?	Yes	No		
Have a regular wake up time	? Yes	No	Sleep V	Vell?	Yes	No
Show definite fear in regard	to anything in pa	articular?	Yes No	C		
If yes, please explain						
Express Anger in appropriate	e ways? Yes	No				
This information is accurate a information given here is inat to correct the file.						
(parent/guardian signature)				(dat	e)	
	Use of P	arish Prop	erties			
During the time that your chiuse of any parish facility at o rectory. This could mean on the school for special activity to see the Stations or the Sacrutrips" we will not contact parts.	our disposal. Par any given class or project. For risty (where Fatl	rish facilitie day studen example, p her gets rea	s include ts may be preschool dy for Ma	the scho taken to classes r	ol, chur a build nay wal	ch, convent and ing other than k over to church
My signature below indicat from the regular classroom that this signature does not	to another bui	lding on St	. Emily p	remises	, I furtl	ner understand
(parent/guardian signature)			(da	ite)		