



Little Acorns Preschool

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CHILD INFORMATION FORM

Child's Name: _____ Date: _____

Please answer the information below to help us to know you and your child a little better. All information contained on this form is confidential. The teachers of Little Acorns Preschool look forward to a wonderful year with your child.

What name should your child learn to write? _____

Name and relationship of people living in your home: _____

Name of pets in your home: _____

Is your child toilet trained? ___ Yes ___ No what assistance does he/she need? _____

Does your child use...

___ crayons/pencils/markers ___ scissors

What hand does your child use most often? ___ left ___ right ___ both

Does your child speak clearly and what is the primary language at home:

What are your child's favorite activities? _____

Describe your child's personality: _____

Are there any unusual fears? If yes, please explain: _____

What does your child do when upset and how do you comfort when he/she is distressed?

How is discipline handled at home: _____

During snack, we offer a variety of snack items. Please write any items your child **cannot** have during snack due to allergies or other restrictions _____

What are your goals for your child this year? _____

Please provide any information (friendships, family relationships, unique events in your child's life...) which might affect your child's experience at Little Acorns Preschool:

Would you be interested in serving as a classroom substitute in the event of a teacher's absence?

(Notes: You must be willing to submit for PA child abuse and criminal clearances at Little Acorn's expense. You are eligible for a \$20 tuition discount each day you substitute).

YES / NO

Parent Handbook

I have reviewed Little Acorn's Preschool parent handbook on the website and have read and understand all of the policies outlined in the document.

Parent Signature _____

Date: _____