

Little Lamb Preschool
Hamburg United Methodist Church
116 Union Street
Hamburg, NY 14075

Student Information Form

Please complete and return no later than the first day of school

Child's Name: _____
Last First Middle Nickname

Other children in the household (name and age)

Other adults in household _____

Name, Address and Phone Number of adult providing most transportation for child:

Mother's name: _____ Occupation/Company: _____

Bus. Phone: _____ Cellular Phone: _____

Father's name: _____ Occupation/Company: _____

Bus. Phone: _____ Cellular Phone: _____

Does your child have any definite fears? _____

Does your child cry easily? _____ Why? _____

Does your child anger easily? _____ Why? _____

How is your child usually disciplined?

Has your child previously attended a nursery/preschool or similar program? _____

If so, for how long? _____

Does your child have pets?: _____ If so what kind? _____

Who is your child's daytime caregiver? _____

Does your child have social interaction with other similar aged children outside the home?

School and school system you expect your child to attend for Kindergarten: _____

Please add any other information you want us to know about your child:

What things do you wish your child to gain through Little Lamb Preschool?

I would be willing to drive my car for a field trip? Yes _____ No _____

I give permission to the Hamburg United Methodist Church Little Lamb Preschool to act in the following:

For emergency treatment and care my child may be taken to a hospital, clinic, or private physician's office: Yes _____ No _____

Signature of Parent or Guardian

Relationship

Date