



## All about my Child Questionnaire

Please help us get to know your child. Please fill out this form and turn it in with your application.

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

1. Does your child have any physical handicaps? Explain \_\_\_\_\_
2. Is your child receiving any special services? If so please explain. \_\_\_\_\_
3. Does your child have any allergies? (food, insect bites, medications) \_\_\_\_\_
4. Does your child require a special diet? Explain \_\_\_\_\_
5. List any medications your child takes regularly. \_\_\_\_\_
6. Does your child wear: Glasses: \_\_\_\_\_ Orthopedic Appliances: \_\_\_\_\_  
Special clothing/shoes \_\_\_\_\_
7. Which hand preference has your child shown? Right \_\_\_ Left \_\_\_ No Preference \_\_\_
8. Did your child attend preschool before and where? Yes \_\_\_ No \_\_\_
9. What school district do you live in? \_\_\_\_\_
10. Are there any circumstances or changes in your family or home that has or may have an effect  
on your child? (If yes please explain) \_\_\_\_\_
11. Is there any other information about your child that we should be aware of?  
\_\_\_\_\_
12. List the other children in your household:  

Name _____	Birth date _____
Name _____	Birth date _____
Name _____	Birth date _____
Name _____	Birth date _____

**Thank you for enrolling at St. Barnabas Christian Preschool**