

CHILD'S BIOGRAPHY

Reynoldsburg United Methodist Preschool

To help our teachers have a better understanding of your child, please provide the information below so we may better meet your child's individual needs. PLEASE ANSWER ALL QUESTIONS.

1. Child's full name _____

2. Name you wish your child to be called at school _____

3. Sex of child _____

4. Age of child on 9-15-20 _____ years _____ months

5. Child resides with (circle all that apply): mother father step-parent siblings
grandparent(s) other _____

6. Father's name _____ Occupation _____

7. Mother's name _____ Occupation _____

8. Please list other children in the family:

_____ Age _____ Age _____

_____ Age _____ Age _____

9. Please list any languages you or your child speak at home (in addition to English.)

9. Has your child attended preschool previously? Yes No Where? _____

10. If your child attended RUMC Preschool **last year**, please circle the name of the class in which he was enrolled: Snails, Turtles, Raccoons, Bears, Owls

11. Do you have a home church? Yes No Where? _____

12. Describe your child's personality and interests _____

14. Do you/your child have any concerns/special situations about which you'd like us to know?

PLEASE USE THE BACK TO RELAY ANY OTHER CONCERNS OR COMMENTS.