

**Grace Lutheran Preschool**  
**General Information Form**

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|                               |                      |               |
|-------------------------------|----------------------|---------------|
| Child's Full name             | Nickname             | Date of Birth |
| Mother's name                 | Father's Name        |               |
| Church affiliation/membership | Primary Phone Number |               |

**Please answer the following:**

- Has your child had any previous preschool experience? If yes, specify. (Examples: play groups, Sunday School, library story time, etc...) \_\_\_\_\_  
\_\_\_\_\_
- Does your child have any specific fears? (Examples: masks, insects, animals, loud noises, storms, darkness, etc....) \_\_\_\_\_
- Is there any personal information about your child or your family that we should know about in order to make your child's preschool experience the best possible? (Examples: new baby, death in the family, issues with a family pet, recent separation/divorce, serious illness of a family member or friend, etc...) \_\_\_\_\_
- Does your child have any special interests? (Examples: music, art, dancing, sports, etc...) \_\_\_\_\_
- Would either parent (or guardian) be interested in volunteering in one of our classroom? If yes, what days/times are you available? \_\_\_\_\_  
\_\_\_\_\_
- Would either parent (or guardian) or other family member like to share his/her interests/talents with your child's class/school? Please check all that apply.

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|--|-------------------------------------|
| _____ Taking photos                    | _____ Telling stories/reading books |
| _____ Craft activities/art projects    | _____ Cooking with children         |
| _____ Gardening                        | _____ Music: playing/singing        |
| _____ Share your occupation            | _____ Share a hobby                 |
| _____ Outdoor work (playground maint.) | _____ Other: _____                  |