

TRINITY UNITED METHODIST PRESCHOOL/KINDERGARTEN  
CHILD INFORMATION FORM

(This information is for the CONFIDENTIAL use of the teacher who will be working with your child. The more completely you answer the questions, the better she will be able to understand and plan for your child in the classroom.)

NAME \_\_\_\_\_

Name preferred for school use \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex M [ ] F [ ]

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Marital Status \_\_\_\_\_

Ethnicity \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Is this child adopted? \_\_\_\_\_ If yes, are they aware of the fact? \_\_\_\_\_

Family composition:

| Siblings: | Age:  | School Attending: |
|-----------|-------|-------------------|
| _____     | _____ | _____             |
| _____     | _____ | _____             |
| _____     | _____ | _____             |
| _____     | _____ | _____             |

Other persons living with the family \_\_\_\_\_

Previous preschool experience: yes [ ] no [ ] Where? \_\_\_\_\_

What do you hope your child will gain from his/her TUMPS experience?

\_\_\_\_\_  
\_\_\_\_\_

What opportunity has your child had to play with other children?

What are some of your child's favorite activities and special interests?

What is his/her usual attitude toward situations which separate him/her from parents?

What type of activities does your family enjoy doing together?

Describe your child's most pleasing qualities?

What characteristic do you find most frustrating to you in dealing with your child?

What means of discipline do you find most effective with your child?

What, if any, special fears does your child have?

Does your child show a preference for their right or left hand?

What responsibilities does your child have at home?

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**HEALTH REPORT:**

Is there any medical situation of which the school should be aware? Please describe. \_\_\_\_\_

\_\_\_\_\_

Has your child ever been seriously ill? Please explain. \_\_\_\_\_

\_\_\_\_\_

Please list any food or environmental allergies. \_\_\_\_\_

\_\_\_\_\_

Does your child have any vision or hearing problems? Please describe. \_\_\_\_\_

\_\_\_\_\_

Is your child on any on-going medication? Please list. \_\_\_\_\_

\_\_\_\_\_

(Please feel free to share anything else about your child that would be helpful to the teacher in her relationship with your child.)