



STUDENT INFORMATION FORM

THIS FORM IS CONFIDENTIAL and will only be accessible by All His Children Preschool staff. All information requested on this form is pertinent; it will help us know your child better and advise us of any special needs your child has. If you feel uncomfortable answering any of these questions, please discuss it with the director or your child's teacher.

Child's Name: _____ Nickname: _____

Address (include zip code): _____

Primary Cell: _____ Child's DOB (MM/DD/YYYY): _____

Mother's Name: _____ Cell: _____

Mother's Current Occupation: _____

Mother's Former Occupation(s): _____

Mother's Business Address: _____ Business Phone: _____

Father's Name: _____ Cell: _____

Father's Current Occupation: _____

Father's Former Occupation(s): _____

Father's Business Address: _____ Business Phone: _____

Are parents divorced? Y N

Name/Age/Sex of other children in the family: _____

Are any of the children adopted? Y N If so, please list: _____

Religious affiliation (both parents): _____

