

**Mother Goose Christian Preschool
Registration/Child Information Form**



<http://eastbradymothergoose.weebly.com>

Mailing Address:

Michelle Craig

PO Box 22, Chicora, PA 16025

mothergoosechristianpreschool@gmail.com

724-526-3617 or 724-445-5024

Please complete this form by printing in ink. Return to the Mother Goose Christian Preschool mailing address along with your \$30 non refundable registration fee, checks payable to Michelle Craig or Mother Goose Christian Preschool. The sooner your form is received, the sooner your class preference can be reserved. Please mark your class preference below:

3/4 year old class T/R morning (\$80/month) 9:00am -11:30am Full
4/5 year old class T/R afternoon (\$80/month) 12:30pm – 3:00pm
4/5 year old class M/W/F (\$100/month) 9:00am – 11:30am Full
4/5 year of class M/W/F (\$100/month) 12:30pm – 3:00pm Full
3/4 waiting list

Please answer all the questions on our form to their fullest. All of your answers will be kept confidential. The questions are intended to help the teachers become better acquainted with your child and family. In this way we can help each individual child tap into his/her potential and grow stronger in all developmental areas! Faith in God and Family/School communication are essential at Mother Goose Christian Preschool!

Child/Family Information

Child's Name _____

Child's Birthdate _____ Age _____ Sex _____

Child's Address _____

Father's/Guardian's Name _____

Father's/Guardian's Address _____

Father's/Guardian's Phone Numbers

Home _____ Cell _____ Work _____

Father's/Guardian's Place of Employment _____

Mother's/Guardian's Name _____

Mother's/Guardian's Address _____

Mother's/Guardian's Phone Numbers

Home _____ Cell _____ Work _____

Mother's/Guardian's Place of Employment _____

***If there are custody papers for this child, please attach a copy to the application or bring to orientation**

Child's Doctor _____
Doctor's Phone Number _____
Doctor's Address _____
Emergency Hospital Preference _____

Person or persons to be notified in case of emergency, other than parents:

Name/Relationship _____
Address _____
Phone Numbers
Home _____ Cell _____ Work _____

Name/Relationship _____
Address _____
Phone Numbers
Home _____ Cell _____ Work _____

Person or persons to whom child may be released to, other than parents:

Name/Relationship _____
Address _____
Phone Numbers
Home _____ Cell _____ Work _____

Name/Relationship _____
Address _____
Phone Numbers
Home _____ Cell _____ Work _____

Name/Relationship _____
Address _____
Phone Numbers
Home _____ Cell _____ Work _____

Name/Relationship _____
Address _____
Phone Numbers
Home _____ Cell _____ Work _____

Background Information

What would you like your child to gain from this preschool experience?

Please describe your child's personality both at home and at social events. Is your child shy, fearful, outgoing, need to be in charge, overly active, fearless, playful, etc... _____

Any particular fears: _____

Particular concerns or anticipated difficulties pertinent to your child starting preschool:

Discipline used at home for inappropriate behaviors and/or language:

Social History

Brothers/Sisters, names/ages/grades: _____

List other members living in the household (ex. Grandparents or pets):

Caregivers/Babysitters: _____

Group play experiences: _____

Favorite indoor activities: _____

Favorite outdoor activities: _____

TV viewing habits/average time: _____

Favorite TV program: _____

Favorite TV character: _____

Favorite movie: _____

Favorite song: _____

Favorite books: _____

Favorite toys to play with: _____

Computer or tablet habits/average time: _____

Health and Development

Please describe your child's overall health: _____

Does your child experience frequent: Colds _____ Ear infections _____

Stomachaches _____ Sore throats/cough _____ Headaches _____

If yes to any of the above, briefly comment: _____

Medications taken on a daily basis: _____

Allergies: to the environment _____ to foods _____ to medicines _____

seasonal _____ If yes, please list the allergy, the reaction your child exhibits to the allergen, and any medical actions taken to counteract: _____

Has your child ever been to the dentist: yes/no

If yes, was the dentist experience a pleasant one for your child: yes/no

Has your child ever been diagnosed with any type of developmental delays: yes/no If yes, briefly describe: _____

Does your child have an Individual Education Plan(IEP): yes/no

If yes, please state why: _____

Does your child have problems with: sight _____ speech _____ hearing _____

If yes to the above, briefly describe: _____

Can your child: walk _____ run _____ hop _____ skip _____ ride a tricycle _____

Catch a ball _____

Does your child use: crayons _____ pencils _____ paints _____ scissors _____

Markers _____

Sleeping concerns: rate your child's overall sleep habits _____

Usual bedtime _____ usual wake up time _____ naps taken _____

Dietary concerns: _____

Rate your child's overall eating habits: Eats everything _____ Is picky _____

Eats most of foods _____

Favorite foods and beverages: _____

Toileting habits: assistance needed _____

Grooming habits: Is your child able to... pull up pants _____ button _____

zipper _____ belt _____ snaps _____ put shoes on _____ tie shoes _____

put coat on _____ brush hair _____

Signature of Parent/Guardian

Date of Signature



Thank you so much for taking the time to fill out all of the paperwork! It has been my experience that the more we know of your child the better it is for us to work and play with them. It is the goal here at Mother Goose Christian Preschool to provide each child with a wonderful atmosphere in which to play, explore, learn, laugh, and grow!

Mrs. Michelle Craig