

\_\_\_\_\_ Prefer A.M. - **5 Days** (\$120.00 per month)  
\_\_\_\_\_ Prefer **3 Day AM** (\$80.00 per month)  
\_\_\_\_\_ Prefer **3 Day PM** (\$80.00 per month)

Received Date: \_\_\_\_\_

**COLUMBIA CITY UNITED METHODIST CHURCH  
PRESCHOOL PRE-REGISTRATION FORM  
605 North Forest Parkway  
260/244-7671**

**YOUR CHILD'S PERSONAL HISTORY**

2017-2018 School Year

These questions are asked to enable us to become more knowledgeable about your child. Please give us whatever information you can that will help us know his/her needs and interests as fully as possible. This form is for teacher use only. Thank you!

Child's Name \_\_\_\_\_ Name to be used  
at school \_\_\_\_\_ Birthdate \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone(s) \_\_\_\_\_

Name of school child will be attending for Kindergarten \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

People in the home: Father \_\_\_ Mother \_\_\_ Other people in the home are:

Name                      Age                      Relationship to Child

If both parents are employed, in whose care is the child during working hours?

\_\_\_\_\_ Telephone \_\_\_\_\_

What would you consider to be your child's strengths at this time? \_\_\_\_\_

What specific experiences or growth would you like to see your child gain from the preschool experience this year? \_\_\_\_\_

Is your child adopted? \_\_\_\_\_ Does he/she know that? \_\_\_\_\_ Age at adoption \_\_\_\_\_

Is your child right or left handed? \_\_\_\_\_

**TOILETING**

Is child toilet trained? \_\_\_\_\_ Does child eliminate by him/herself? \_\_\_\_\_

Does child need to be reminded? \_\_\_\_\_

Does child need help with clothing? \_\_\_\_\_

Does child have certain words to indicate a need to eliminate? \_\_\_\_\_

Is there any emotional trauma or unsettling incident in your child's life of which we should be aware? \_\_\_\_\_

Are you aware of fears or anxieties your child has? \_\_\_\_\_

What comforts your child when troubled? \_\_\_\_\_

If your child has a security object, what is it? \_\_\_\_\_

How do you handle discipline? \_\_\_\_\_

Does your child have a pet? \_\_\_\_\_ If so, type and name \_\_\_\_\_

What play materials or equipment seem to hold your child's attention the longest?  
\_\_\_\_\_

How much time does your child watch TV daily? \_\_\_\_\_

What are the favorite TV shows? \_\_\_\_\_

Has your child previously been involved in group experiences with other children? \_\_\_\_\_

Please list \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CCUMC Preschool**

**School Year:** \_\_\_\_\_

**HEALTH INFORMATION FORM**

**Child's Name** \_\_\_\_\_

Do any of the following health concerns affect your child? Please explain.

Serious illnesses or injuries \_\_\_\_\_

Handicaps \_\_\_\_\_

Food allergies \_\_\_\_\_

Other allergies \_\_\_\_\_

Hearing difficulties \_\_\_\_\_ Does your child wear a hearing aid? \_\_\_\_\_

Visual difficulties \_\_\_\_\_ Does your child wear glasses? \_\_\_\_\_

Speech difficulties \_\_\_\_\_ Is child in speech therapy? \_\_\_\_\_

Continuing medication \_\_\_\_\_

Are there any special health needs we need to be aware of while your child is in our care?

\_\_\_\_\_

Date of last physical exam \_\_\_\_\_

Any other information you wish to share \_\_\_\_\_

\_\_\_\_\_

**History of Immunizations & Tests**

We will need a copy of your child's immunizations records.

Is there any further information concerning your child and his/her environment that would help us better understand your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\* Applications should be returned as soon as possible as classes are filled on the basis of when applications are received. A check for the \$ 25.00 non-refunded registration fee made out to the Columbia City United Methodist Church must be included . Scholarship applications may be obtained by contacting the church at 244-7671. Please turn in the application form to the church office. Children must be 3 years old by August 1, 2017 for the 3-Day Program and 4 years old for the 5-Day Program.**