



651.552.1265 www.maplereedayschool.com

Maple Tree
DAY SCHOOL

1001 Marie Avenue South Saint Paul Minnesota 55075

Child Information Sheet

Child's Name: _____ Birthdate: _____

Address: _____

What do you want your child to be called at school? _____

Parents' Name(s): _____

E-mail Address: (mother) _____
(father) _____

Daytime Phone: (mother) _____
(father) _____

Does your child live with: ___ both parents ___ one parent ___ adults other than parents (Please specify) _____

Siblings...name(s) & age(s) _____

List any pets and their names: _____

Does your child have any previous school or group experience? _____

Child's Allergies...include food, animal, or other allergies: _____

What are your child's favorite play activities or interests? _____

What are your child's dislikes (food, activities, other): _____

What are some of the responsibilities your child has at home? _____

How does your child get along with others? _____

How do you discipline your child at home? _____

How do you think your child will adjust to school? _____

What fears does your child have? ___ animals ___ dark ___ storms ___ strangers
___ Other-please explain _____

What are some of the goals you have for your child this year? _____

What languages are spoken in your home? _____

What customs or traditions does your family observe? _____

What does your family enjoy doing for activities? _____

Is there anything else you would like to share with us about your child?

How or from whom did you hear about Maple Tree Day School?

___ Newspaper ___ Internet ___ Friend ___ Walk In ___ Street Sign

Thank you for your time in completing this questionnaire.