



ST. PAUL UMC MUSKOGEE

The Learning Tree Preschool 2025-2026

Program requested (Must be 2 by Sept. 1. / 3 & 4 year-old children must be potty trained)

(for office use only)

_____ Class

_____ Date rec'd

_____ Amount Rec'd

Two _____ Three _____ Four _____

Child's name: _____ Date of birth: _____

Gender: _____ Age on Sept. 1: _____ Potty trained? _____

Child's address _____
(Street name & number) City Zip

Mother's name: _____ Cell number: _____

Email address: _____

Employer: _____ Work number: _____

Father's name: _____ Cell number: _____

Email address: _____

Employer: _____ Work number: _____

Brothers & Sisters (name & ages): _____

Safety Provision: Please list people who are permitted to pick up your child and their phone number. Your child will **NOT** be released to anyone not on this list without specific approval from the parent/guardian.

Name/relationship: _____ Cell number: _____

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Name/relationship: _____ Cell number: _____

Please list any medical problems, conditions, allergies, or foods that are restricted from your child's diet.

Tell us about your child

Is this your child's first separation from home? _____

If not, has your child had any kind of group experience before? _____ If yes, please describe: _____

_____ Does your child make new friends easily?

_____ Is your child used to playing with others?

Does your child have any particular fears or anxieties? _____

Do you have concerns, comments, or specific instructions pertaining to your child that you would like to share?

Please check all that apply: (skills vary according to age)

_____ Shows curiosity, interest, and need to investigate/explore anything new.

_____ Asks questions

_____ Identifies common sounds

_____ Can pair objects

_____ Engages in simple conversation

_____ Listens to short stories and simple poems

_____ Can follow 2 directions

_____ Names concrete objects in the environment

_____ Points to and names body parts

_____ Tells own full name, sex, and age

_____ Sorts objects into two given categories

_____ Knows alphabet verbally

_____ Recognizes alphabet letters

_____ Can count to _____

_____ Can recognize numbers

_____ Knows shapes: _____ circles _____ square _____ rectangle _____ triangle _____ heart _____ star

_____ Knows colors

_____ Catches a large ball from 5-8 ft.

_____ Rolls a ball to a target

_____ Walk forward & backwards

_____ Moves body in response to simple commands

_____ Uses scissors but not necessarily follows lines

_____ Holds crayon or pencil with fingers rather than fist

Favorite foods: _____

Will not eat foods: _____

Rewards/Consequences used at home: _____

Use 5 words to describe your child (ie . . . quiet, energetic, shy, strong willed, cheerful, defiant)
