



Trinity Lutheran Christian School & Early Learning Center

EST. 1960 •

A Harford County Christian School for the 21st Century Student

STUDENT INFORMATION FORM FOR AGES 2 – PRE-KINDERGARTEN

STUDENT'S NAME: _____ CLASS: _____

TODAY'S DATE: _____ BIRTHDATE: _____

CHILD'S NICKNAME: _____

WHERE WILL YOUR CHILD REGULARLY ATTEND SUNDAY SCHOOL OR CHURCH? _____

WHERE DID YOU FIRST LEARN ABOUT TRINITY? _____

PARENT TO COMMUNICATE WITH: _____

WHO WILL USUALLY PICK UP CHILD? _____

CHILD LIVES WITH WHOM (ex: mom, dad, sister, grandmother, uncle)? _____

WHAT ARRANGEMENTS HAVE YOU MADE FOR CHILD'S CARE DURING ILLNESS? _____

DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES? _____

DOES YOUR CHILD HAVE ANY MEDICAL PROBLEMS? PLEASE EXPLAIN: _____

PERSONAL HISTORY

CHILD'S BIRTH

____ Normal

____ Premature

____ Complications

SIBLINGS (names & ages):

AGE CHILD BEGAN:

____ Sitting

____ Crawling

____ Walking

____ Talking

____ Speaking in sentences

DOES YOUR CHILD:

____ Climb frequently

____ Fall easily

____ Have difficulties speaking

____ Speak another language

____ Ride a tricycle

____ Listen to music

____ Enjoy being read to

____ Prefer to play outdoors

Has child had experience with:

____ clay, ____ scissors, ____ easel painting, ____ finger painting, ____ blocks, or ____ water play?

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Child's special words to describe personal needs: _____

Child's special toys and activities at home: _____

Name of TV programs watched regularly: _____

CHILD'S SOCIAL RELATIONSHIPS

HAS CHILD BEEN IN A GROUP OF CHILDREN ON A REGULAR BASIS? DESCRIBE: _____

BY NATURE, CHILD IS: _____ friendly, _____ aggressive, _____ shy, _____ withdrawn.

ARE YOU EXPECTING YOUR CHILD TO ADJUST EASILY TO THE CLASSROOM SITUATION? _____

HAS YOUR CHILD EXPERIENCED ANY DIFFICULTY WITH SCHOOL IN THE PAST? EXPLAIN: _____

WHAT MAKES YOUR CHILD ANGRY OR UPSET? _____

WHAT DO YOU FIND IS THE BEST WAY TO DISCIPLINE YOUR CHILD? _____

WHO DOES MOST OF THE DISCIPLINING? _____

APPLICANT'S SPECIAL ABILITIES AND TALENTS: _____

PLEASE MARK THE FOLLOWING BEHAVIORS WHICH APPLY TO YOUR CHILD:

- _____ Gets along well with siblings
- _____ Gets along well with other adults
- _____ Prefers to play with one age group
- _____ Enjoys solitary play
- _____ Relates well to strangers
- _____ Demands much adult attention
- _____ Expresses emotion appropriately
- _____ Frightened by animals
- _____ Frightened by dark
- _____ Frightened by tall people
- _____ Frightened by rough children
- _____ Frightened by loud noises
- _____ Frightened by storm
- _____ Anything else?

SLEEPING HABITS

- _____ Time child goes to bed.
- _____ Is child ready to sleep?
- _____ Time child arises.
- _____ Child has his/her own room.
- _____ Child shares a bed.
- _____ Child walks, talks or cries out.
- _____ Child takes toys to bed.
- _____ Are naps taken daily?
- From _____ to _____
- Describe child's mood upon awakening:

CHILD'S EATING HABITS

- _____ Is usually hungry at mealtime
- _____ Is usually hungry between meals
- _____ Eats with a spoon
- _____ Eats with a fork
- _____ Eat with hands

Please list favorite foods:

Which foods are refused:

CHILD'S TOILET HABITS

- _____ Can child indicate bathroom needs?
- _____ Word used for "urine"?
- _____ Word used for "bowel movement"?
- _____ Is child frightened of the bathroom?
- _____ Age child was toilet trained.
- _____ Child was difficult to train.
- _____ Wets bed at night.
- _____ Needs help when using the toilet.
- _____ Goes more frequently than expected.
- _____ Does child have accidents? If so, how does child react?

COMMENTS

IN WHAT PARTICULAR WAYS CAN WE HELP YOUR CHILD THIS YEAR?

DESCRIBE YOUR CHILD BRIEFLY (PHYSICAL APPEARANCE, PERSONALITY, ABILITIES).

SHOULD YOU CARE TO SHARE ADDITIONAL THOUGHTS OR COMMENTS, PLEASE ATTACH THEM TO THIS FORM, OR USE THE ADDITIONAL SPACE PROVIDED.

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