

St. Paul's Episcopal Church Preschool  
Family and Social History

Name of Child: \_\_\_\_\_ Gender: M F Birthdate: \_\_\_\_\_

Nickname (if any) you would like staff to use: \_\_\_\_\_ N/A

Parent's Occupations:

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Parent's Hobbies / Interests:

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

*\*Note: St. Paul's Preschool requires families to donate two hours of volunteering each year. Opportunities will be publicized via newsletter; web site or classroom e-mails. You may want to volunteer in your area of expertise listed above. Please let your child's teacher or office know how you would like to help.*

Other children in Family:

1. \_\_\_\_\_ Age: \_\_\_\_\_ 2. \_\_\_\_\_ Age: \_\_\_\_\_

3. \_\_\_\_\_ Age: \_\_\_\_\_ 4. \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status:  Married  Separated  Divorced  Widowed

Church Affiliation: \_\_\_\_\_ Does your child attend Sunday School? YES NO

First Language spoken at home: \_\_\_\_\_ Second Language?: \_\_\_\_\_

Has your child had any previous school or group experience: Yes No (If yes, please include types of programs): \_\_\_\_\_

Did your child experience any complications at birth that you would like to make known to us?: \_\_\_\_\_

Does your child have any of the following special needs: (Check appropriate boxes):

General health issues  Speech  Hearing  Behavioral issues

Social/ Emotional issues  Food allergies  Environmental allergies

Individual Education Program (I.E.P.) on file  Other:

Please elaborate: \_\_\_\_\_

On the back side of this page please make any additional comments that might help us understand your child better