



Student Name _____

FAMILY LIFE:

How does your child spend his time indoors? _____

Outdoors? _____

Does he play with older, younger, or children his own age? _____

Has he attended any nursery or been left with a baby-sitter? _____

Do playmates often come to his home? Yes _____ No _____

How does he meet new acquaintances? Easily _____ Timidly _____ Reluctantly _____

Does he watch regular TV programs? Yes _____ No _____ His favorites _____

Please indicate child's position in the family (circle) 1 2 3 4 5 6 7 8

Does he have his own room? _____ Share with _____

How many hours does he sleep per night? _____ Does he nap? Yes _____ No _____

Does he have any special fears? The dark _____ High places _____ Animals _____

Fear of certain people or places? _____ Other _____

What are his favorite playthings? _____

Does he share? Willingly _____ Unwillingly _____

What special privileges has your child enjoyed? (trips, pets, lessons, projects, local outings, etc.)

What special jobs or responsibilities does he have around the house? _____

How well does he do them? _____

What special interests does he have? _____

Is he right or left handed? _____

Is English their native language? If not what is? Yes _____ Other _____

HEALTH INFORMATION:

Health of Student: Good _____ Fair _____ Poor _____ Please explain _____

Does he have any allergies? Yes _____ No _____ Please list _____

Is he on special medications? Yes _____ No _____ What medications? _____

Does he have any special health needs? _____

Child's Physician _____ at _____

EDUCATIONAL HISTORY:

Did he attend nursery or preschool? Yes _____ No _____

Last school attended _____

Is he enrolled in any special classes? Music _____ Dance _____ Other _____

CONFIDENTIAL INFORMATION:

Are there custody issues we should be aware of? Yes _____ No _____

Are there custody papers on file? Yes _____ No _____

Is there a second parent mailing address? _____

Should both names and addresses be listed in our Parent Directory? Yes _____ No _____

Do you want to be listed in our Parent Directory? Yes _____ No _____

Anything not stated above that we should know about your child that will allow us to guard his heart?

FRIENDS AND FAMILY:

Do you have any friends or family members that would like to be on our mailing list to keep them informed about LCCS? _____

Other than parent/grandparent, who can pick up your child? _____

Maternal Grandparents

Name: _____ Phone _____

Address: _____

Paternal Grandparents

Name: _____ Phone _____

Address: _____

Friends and Family

Name: _____ Phone _____

Address: _____

Name: _____ Phone _____

Address: _____