Preschool Information Form

School District of Residence:

Background Information:					
Child's Name:	Called Name:				
First	Middle	Last			
ate of Birth: Gender:			Birth City:		
Address				-	
Street		City		Zip	
County of Residence:		_			
Family Information:					
Mother's Name:		Maiden Name_			
Address					
Street			City	Zip	
Home Phone Number	C	ell Phone Number_			
Father's Name:	F	Phone Number			
Address					
Street			City	Zip	
Siblings' Names and Ages:					
Medical Background:					
_					
Was your child born full term (4	0 weeks)?		_ Birth Weigh	nt:	
Were there any complications v					
History of Childhood Diseases/C	Operations/Hospi	talizations:			
Do you have any concerns with					

Has your child attended preschool at another location? ______ If so, where?_____ Has your child received any of the following (please circle) Speech Language Therapy Occupational Therapy Physical Therapy Vision Therapy Early Intervention/Help Me Grow Services Play Therapy Other: **Priority Considerations** Do the child's parents or grandparents work for Simon Kenton or Hardin County Bd of DD? o Yes No 0 o Parent or Grandparent name: ______ Did the child participate in Early Intervention? YES NO Have siblings attended Simon Kenton? _____ YES _____ NO o Sibling's name: _____ Consent By signing below, you are requesting that your child be considered for enrollment into the Preschool Program at Simon Kenton School. Signature Date For Office Use Only Date/Time Application Received: Reviewed By: Documents Returned: ☐ Child Information Page ☐ ASQ3 ☐ Enrollment Policy

Education Background

Add to Spreadsheet