



## STUDENT & FAMILY INFORMATION FORM

### **Student Information:**

Child's Full Name \_\_\_\_\_ Name used at school \_\_\_\_\_

GWG Class(es) registered for \_\_\_\_\_

Birthdate \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Preferred email address for school use (please print legibly)

\_\_\_\_\_

Address \_\_\_\_\_

### **Family Information:**

**Mother/Guardian** \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**Marital Status** Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

**Siblings and ages** \_\_\_\_\_

**Other members of household** \_\_\_\_\_

### **Medical Information:**

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Date of last Physical \_\_\_\_\_

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Medical Concerns/Chronic Conditions/Special Needs? (please list)

\_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Is your child on any medication? \_\_\_\_\_

Are there any restrictions on physical activity? \_\_\_\_\_



Child's Name \_\_\_\_\_ Class \_\_\_\_\_

Has your child attended any previous early childhood programs & if so where did they attend?

What are your child's special interests/favorite things to play?

Is your child receiving any special services? (ie. speech therapy, physical therapy etc.) If yes, please explain.

Is your child potty trained? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

Does your child need a reminder to use the toilet/any habits?

Does your child have any behaviors/characteristics that you would like our staff to know?

Pets? Please name \_\_\_\_\_

Church you attend, if any \_\_\_\_\_

Kindergarten your child will attend \_\_\_\_\_

What are your expectations of this program/How can the GWG staff best help your child this year?

Any other information you would like to share?