



Phone: 817-481-8626
2031 W. Northwest Hwy
Grapevine, TX 76051

Email: preschool@lwlc.com
Web: www.lwlc.com

LOVE ONE ANOTHER PRESCHOOL APPLICATION

School Year _____

CHILD'S NAME:

First Middle Last Nickname, if applicable

DATE OF BIRTH: _____ SEX: Male Female

HOME ADDRESS: _____

HOME PHONE #: _____

PARENT 1 NAME: _____

PARENT 2 NAME: _____

HOME ADDRESS: _____

HOME ADDRESS: _____

HOME PHONE #: _____

HOME PHONE #: _____

CELL # _____

CELL # _____

EMAIL ADDRESS _____

EMAIL ADDRESS _____

PARENT 1 OCCUPATION: _____

PARENT 2 OCCUPATION: _____

Do you have a church home?

If yes, name of church:

Other schools your child has attended:

Are monthly finances ever a hardship?

How did you learn of our school? (If a specific person, please enter name and address of that person)

Parent's Signature

Date

Your Child's Health

CHILD'S HEALTH RECORD: (A copy of your child's immunizations and current physical will be needed)

General state of health:

Doctor's name _____

Doctor's phone number _____

Are your child's immunizations up to date? _____ (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered medications. If not, please attach medical exemption signed by doctor or notarized waiver.)

Does your child have any known allergies?

Are you concerned that your child may be prone to any type of allergies? _____

Describe:

Does your child have any medical conditions which I should be made aware of?

Has your child had the following common childhood illnesses?

(please circle)

Constipation

Convulsions

Diarrhea

Fainting Spells

Frequent Colds

Frequent Ear Infections

Frequent Sore Throats

Lice

Ringworm

Skin Rash

Soiling

Stomach Upsets

Urinary Problem

Worms

Asthma

Bronchitis

Chicken Pox

Diabetes

Heart Disease

Hepatitis

Impetigo

Measles

Mumps

German Measles

Polio

Scarlet Fever

Tuberculosis

Whooping Cough

Does your child have any speech, hearing or visual problems?

Would there be any restrictions to play or activities?

Getting To Know Your Child

Child's Name:

(Last)

(First)

Nickname (if any)

Birthdate :

By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care.

List any information about your child's habits, abilities or personality that you feel will be helpful to the staff that cares for your child.

Who is in the child's family?

Who lives at home with the child? Please include names and ages of siblings, if any.

What is the primary language spoken in your child's home?

Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc?

Yes

No

Additional Details?

Are there any changes or transitions that your child has recently experienced or is experiencing?
(divorce, new home, death of family member, friend, or pet)

Yes No Additional Details?

Are there any cultural or religious practices of your family of which we should be aware?

Do you have any pets at home? If so, what are they and what are their names?

Has your child had previous preschool or daycare experience?

Yes No Additional Details? (center based, in home, with family, with parents, etc)

Please circle all of the words that best describe your child's personality and behavior:

active adventurous affectionate anxious bossy bright busy calm cautious cheerful
content creative curious easily angered emotional energetic excitable friendly
gives in easily happy hesitant insecure jealous likes structure/routines loud loving
mellow outgoing prefers adult attention quiet sensitive serious shares well social
spontaneous stubborn tentative

Are there additional personality and behavior characteristics that would be useful to know about your child?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

What time does your child normally go to bed at night and wake up in the morning?

What might you and/or your child be anxious about as he/she starts in this program?

What are you and/or your child excited about as he/she starts in this program?

What are some of your child's favorite play activities/interests? (This helps us in planning activities/units for classroom)

What are the top three goals you would like your child to achieve this year?

1.

2.

3.

What other information would be helpful for the staff caring for your child to know?

Parent/Guardian's Signature

Date
