



Hollis Preschool

STUDENT INFORMATION

Child's Name: _____ Child's Date of Birth: _____ Gender: _____

Other children and/or extended family living with child:

Name	Age	Grade	Relation	Health
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has your child been in any playgroups, preschool, daycare or any other group experience? Please describe:

My child is:

Right handed Left handed Undecided

Any allergies?

Does your child have any special likes/dislikes/fears? Please describe:

Any other medical conditions we should know about?

Are there any special religious holidays that you celebrate with your family?

Please describe anything else about your child that would help his/her teacher:

Please feel free to attach additional pages to include more information if necessary. If you prefer, you may contact your child's teacher at the beginning of the school year to discuss any other family circumstances or situations you feel it would be helpful for us to know. Your child's privacy is important to us. All information discussed remains confidential.

Parent/Gaurdian Signature: _____

Date: _____