Agape
Christian Preschool

All About Me - Family Information 2026-2027

Child's Name _____
First Middle Last

Date of Birth _____ (month/day/year)

Name your child goes by _____
This is the name that we will use on your child's cubby tag, classroom lists, and will be referred to by staff/students.

Parent/Guardian Name #1 _____

Parent/Guardian Name #2 _____

Other members of the household:

NAME	AGE	RELATIONSHIP
1.		
2.		
3.		
4.		

Does your child have allergies? YES_____ NO_____
If so, please list any allergens along with your child's reactions to them. You may need to fill out additional forms, which will be provided, as necessary.

Has anyone other than parents had a substantial role in your child's life, and if so, what were/are the circumstances?

Have there been any recent or are there any anticipated significant changes within your family or household? (separation, divorce, new home, death in the family, new baby, etc.)

Does your child have any special needs? (speech, hearing, vision, physical, emotional, etc.)

What experiences has your child had with groups of children (preschool, play group, daycare, etc.), and how did he/she respond?

What frightens your child, and how are they best comforted? (thunderstorms, sirens, loud noises, etc.)

Are there any additional concerns you would like to bring to our attention?

Please use the back of this form or additional paper if needed.