

Eugene Christian School
4500 West Amazon Drive
Eugene, Oregon 97405

**STUDENT INFORMATION
PRESCHOOL**

Class Enrolled: Please circle days of the week your child will be enrolling in.

- 3 year old M TUE W TH
 4 year old M TUE W TH

Student _____ Birth date _____ Birthplace _____ Sex _____
Address _____ Zip _____ Phone _____

Family Life:

How long has your child been toilet trained? _____

Does your child have an item to which he is attached? _____

Is your child an active participant in a group setting? _____

How does your child spend his time indoors? _____ Outdoors _____

Does he play mostly with older, younger, or children his own age? _____

Has he attended any nursery or been left with a baby-sitter? _____

Do playmates often come to his home? Yes _____ No _____

How does he meet new acquaintances? Easily _____ Timidly _____ Reluctantly _____

Does he watch regular TV programs? Yes _____ No _____ Which are his favorites _____

Please indicate child's position in the family. (Circle) 1 2 3 4 5 6 7 8

Are there other members of the household in addition to immediate family? _____

Does he have his own room? _____ Share it with _____

How many hours does he sleep per night? _____ Does he nap? Yes _____ No _____

Does he have any special fears? The dark _____ High places _____ Animals _____

Certain people or places _____ Other _____

What are his favorite playthings? _____

Does he share? Willingly _____ Unwillingly _____

What special privileges has your child enjoyed? (trips, pets, lessons, projects, local outings, etc.)

What special jobs or responsibilities does he have around the house? _____

How well does he do them? _____

What special interests does he have? _____

Is he right or left handed? _____

Is English their native language, if not what is? Yes _____ Other _____

Food preferences: likes _____ dislikes _____

(Please turn sheet over and complete side two)

HEALTH INFORMATION:

Health of student: Good ____ Fair ____ Poor ____ Please explain _____

Does he have any allergies? Yes ____ No ____ Please list _____

Is he on special medications? Yes ____ No ____ What medications? _____

Does he have any special health needs? Yes ____ No ____ Please explain _____

EDUCATIONAL HISTORY:

Did he attend nursery or preschool? Yes ____ No ____

Last school attended _____

Is he enrolled in any special classes? Music ____ Gymnastics ____ Sunday School ____ Other ____

CONFIDENTIAL INFORMATION:

Are there custody issues we should be aware of? Yes ____ No ____

Are there custody papers on file? Yes ____ No ____

Is there a second parent mailing address? Name _____

Address _____

Should both names and addresses be listed in our Parent Directory? Yes ____ No ____

FRIENDS AND FAMILY

Do you have any friends or family members that would like to be on our mailing list to keep them informed about ECS?

Maternal Grandparents

Name: _____ Telephone: _____

Address: _____

Invite to Grandparents Day? Yes ____ No ____

Paternal Grandparents

Name: _____ Telephone: _____

Address: _____

Invite to Grandparents Day? Yes ____ No ____

Friends and Family

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____