

Vista Kids Preschool
2018-19 Enrollment Form

Child's Name _____ Nickname _____

Home Address _____ Zip _____

Home/Best Phone _____ E-Mail _____

Mother's Name _____ Employer _____

Father's Name _____ Employer _____

Child's Birthday _____ Birthplace _____

Gender (please circle) Boy Girl

Parent's Marital Status: Married____ Separated____ Divorced____ Single____

Widowed____

With whom does the child live? _____

Is child adopted? _____ If so, does child know this? _____

Siblings: List name and ages: _____

Has child previously attended preschool? _____

Where? _____

Is either parent away for long periods? _____

Where and how long? _____

What activities do you and your child enjoy doing together?

Are there any concerns you would like us to be aware of?

Please share some of your child's special qualities and characteristics:

Describe any medical or learning concerns your child has:

List any fears, dislikes, sleep patterns or play habits that would be helpful for us to know: _____

Turn Over

What would you like your child to learn about God? _____

What are your three highest priorities regarding your child's overall education?

1. _____

2. _____

3. _____

Please list any topics for workshops you would like to see offered by our school:

All information provided will remain confidential. This form will only be shared with employees directly caring for your child.

Date _____

Parent signature _____