

**Alpine Academy Preschool**  
**5200 E.Cortland Blvd., A-22**  
**Flagstaff, Arizona 86004**  
**928-526-3200**

**CONFIDENTIAL INFORMATION**

Student name \_\_\_\_\_ Nickname? \_\_\_\_\_  
Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
Workplace \_\_\_\_\_ phone # \_\_\_\_\_  
Phone # \_\_\_\_\_  
Home ph# (s) \_\_\_\_\_ cell(s) \_\_\_\_\_  
Names and ages of other children living at home \_\_\_\_\_

Are there other adults living in your home who are also your child's caregiver?

If yes, relationship to child \_\_\_\_\_

List any current and previous preschool experience your child has had/how often attended \_\_\_\_\_

Does your child have any speech problems we need to be aware of?(stuttering, no speech, deaf?) \_\_\_\_\_

Is English your child's primary language? If not, what is? \_\_\_\_\_

Does your child have any special needs that we need to be aware of?(Emotional issues, behavioral problems, new baby to family etc.) \_\_\_\_\_

Does your child have any physical challenges? \_\_\_\_\_

Is your child allergic to any foods or substances?(ie grasses, latex, dairy, nut products?) \_\_\_\_\_

Is your child taking any medications? \_\_\_\_\_ If yes, which ones? Why? \_\_\_\_\_

Does your child exhibit any of the following behavior?(withdrawn, biting, hitting, kicking, spitting)

If yes, under what circumstances? \_\_\_\_\_

Either parent: do you have a special skill, ability or language that you would be willing to share with our class or demonstrate to the children? \_\_\_\_\_

Does your child enjoy playing with other children? \_\_\_\_\_ What ages? \_\_\_\_\_