

# Centenary Thru-the-Week School

## Information Sheet



Child's Name \_\_\_\_\_  
Last
First
Middle
Nickname

Address \_\_\_\_\_ Phone \_\_\_\_\_

Birth Date \_\_\_\_\_  Boy  Girl

Church Affiliation \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Address \_\_\_\_\_ Mother's Address \_\_\_\_\_  
(If different from child's)
(If different from child's)

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Other persons living in the home:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>

Pets and their names \_\_\_\_\_

Housing:  Single Dwelling  Apartment  Other \_\_\_\_\_  
 Child Sleeps:  In own room  Shares a room with sibling  Other \_\_\_\_\_

Child usually goes to bed at \_\_\_\_\_ and gets up at \_\_\_\_\_.

Child takes a nap:  Yes  No

Eating time: Breakfast at \_\_\_\_\_, lunch at \_\_\_\_\_, dinner at \_\_\_\_\_.

Snacks at \_\_\_\_\_.

Appetite:  Good  Poor  Variable

Allergies: \_\_\_\_\_.

Child helps at home by: <input type="checkbox"/> Making bed <input type="checkbox"/> Helping clean <input type="checkbox"/> Emptying Wastebaskets <input type="checkbox"/> Picking up Toys <input type="checkbox"/> Other _____	Child prefers to play: <input type="checkbox"/> Alone <input type="checkbox"/> With one other <input type="checkbox"/> With group <input type="checkbox"/> With Adults
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Interests: Favorite Toys \_\_\_\_\_  
Favorite Games \_\_\_\_\_  
Favorite Stories \_\_\_\_\_  
Favorite TV programs \_\_\_\_\_

Check any special problems, such as; dislike of rest period, food allergies, fears (of what), easily over stimulated, negative attitude, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Physician: Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_

Contagious Diseases child has had: \_\_\_\_\_  
\_\_\_\_\_

Physical Handicaps \_\_\_\_\_

Any other information which would prove helpful in working with your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

**Field Trip Permission for the School Year 20\_\_ to 20\_\_.**

Name of Child \_\_\_\_\_

Parent's Signature \_\_\_\_\_

The signing of this portion of this form gives your child permission to go on all planned field trips during the school year. This will include walking, riding in cars (with car seats), or a bus. You will be notified before each event.

**Centenary Thru-the-Week School Staff**