

Second Presbyterian Preschool Student Background Form



Teacher/Class _____

Today's Date _____

Student Name/Nickname: _____ Birthday: _____

Parent Name/Nickname1: _____

Phone: _____ Occupation: _____

Parent Name/Nickname2: _____

Phone: _____ Occupation: _____

Grandparents: _____ and _____

Grandparents: _____ and _____

Allergies: _____

Names and Ages of Siblings:

1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

Nanny/Caregiver if other than parents: _____

Family Pets: _____

Special Interests: _____

Special Concerns: (fears, developmental issues, other difficulties) _____

Parents' Hobbies or Interests that you would be willing to share with your child's class: _____

Other Information we should be aware of: _____

Thank you for taking the time to complete this form? Please email or send this to your teacher in HiMama, bring it with you to your Parent-Teacher meeting, or send it with your child on the first day of school. If you have questions, please contact Dr. Sally I'Anson at sally@spres.org or call the preschool office at (540) 342-6405 extension 1.