

STATUS OF PARENTS:

Mother Living? _____

Two Parent Home? _____

Divorced? _____

Father Living? _____

One Parent Home? _____

Separated? _____

OTHER CHILDREN IN THE FAMILY:

(Name) (Birth date)

(Name) (Birth date)

(Name) (Birth date)

(Name) (Birth date)

OTHER ADULTS IN THE HOME:

(Name)

(Relationship)

(Name)

(Relationship)

PREVIOUS GROUP OR SCHOOL EXPERIENCE YOUR CHILD HAS HAD:

(Type of Experience) (Location)

(Type of Experience) (Location)

Is your child RIGHT HANDED? _____ LEFT HANDED? _____ EITHER/BOTH? _____

Any known **FEARS** (History/Reaction) _____

Any known **ALLERGIES** _____

OTHER PERTINENT INFORMATION which the school should know concerning your child:

TRANSPORATION AUTHORIZATION

Person other than parent authorized to pick your child up from school:

Name Relationship

Name Relationship

How did you hear about Prince of Peace? ___Friend/Neighbor ___Yellow Pages ___Website

Other: _____