

Marion City Schools Preschool Application

Child's Information:

School Year _____

Child's Name _____

Child's Date of Birth _____

Child's Address _____
Phone _____

Home

Whom Does child live with: (CIRCLE) Both Parents same house, Mother, Father, Grandparents, Guardian, Other (Be specific)

Family Information:

Mother/Guardian _____

Address _____

Home & Cell Phone _____

Occupation _____

Work Place _____

Work Phone _____

Highest grade mother completed in school _____

Where did mother go to school? _____

Father/Guardian _____

Address _____

Home & Cell Phone _____

Occupation _____

Work Place _____

Work Phone _____

Highest grade father completed in school _____

Where did father go to school? _____

List Siblings in the home

Sibling ages

What school do siblings go to?

List any other people, besides siblings & parents, that live in the home

Name	Relationship	Age
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In case of an EMERGENCY list people to contact

List people to contact	Relationship	Phone Number
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Child's Birth History:

Were there any significant problems during pregnancy? ____ What were the problems? _____

Were there any significant problems after child's birth? ____ What were the problems? _____

Child's Medical History:

Has your child had repeated ear infections? ____ When was your child's last ear infection _____

List any allergies your child may have _____

Treatment of Allergies _____

Has your child been hospitalized? _____ Hospitalized for what reasons? _____

What childhood diseases has your child had (Measles, mumps, chicken pox, etc) _____

Has your child seen a specialist since birth? _____ For what reason? _____

Educational/Child Care History:

Circle the program(s) that your child has participated in

Help me Grow Early Intervention Speech Therapy Preschool IEP

Where were the circled programs located? _____

Has your child been in childcare before? _____ Where? _____

Child's Developmental History: Circle any concerns you have about your child's skills or development in any of the following area? Comment on your concerns.

Vision	Motor Skills	Separation from Parent
Toileting Skills	Speech Skills	Fine Muscles (writing/cutting)
Social Skills	Any other concern	Large Muscles (walking/running)
Hearing	Child's Fear	Talking to Others
Understanding Others		Playing with Others

Comment on your concerns: _____

Any other additional information that you would like to share: _____
