

CENTRAL CHRISTIAN ACADEMY PRESCHOOL

**2900 North Rock Road
Wichita, Kansas 67226 (316) 688-1161
General Information Sheet
SCHOOL YEAR 2017-2018**

Child's Name: _____ **Ethnicity** _____
(Nickname or name child is called) _____

Other children in the family:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

List persons authorized to pick up your child from school:

1. At what approximate age did your child crawl? _____

2. At what approximate age did your child say his/her first word? _____

3. Has your child ever had any previous experience in a pre-school/group situation? YES NO

4. List any known allergies: _____

5. List any past medical problem (e.g. ear infections, asthma, seizures, etc.) _____

6. List any current medical problems (e.g. ear infections, asthma, seizures, etc.): _____

7. Has anyone in your immediate or extended family experienced difficulty in learning to read? YES NO

8. What type of discipline is used at home? _____

9. How does your child react to discipline? _____

10. What would you consider as your child's greatest strength? _____

11. What is one goal you have for your child which you hope to see achieved by his/her attendance in CCAP this year? _____

(If any of this information should change at any time, please notify the school.)

(Parent/Guardian signature)

(Date)