

**CENTRAL CHRISTIAN ACADEMY PRESCHOOL**

2900 North Rock Road  
Wichita, Kansas 67226 (316) 688-1161

**General Information Sheet  
SCHOOL YEAR 2018-2019**

**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:

\_\_\_\_\_

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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? \_\_\_\_\_

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

\_\_\_\_\_

*(Parent/Guardian signature)*

\_\_\_\_\_

*(Date)*