

PRESENTATION BVM PRESCHOOL STUDENT INFORMATION SHEET



Child's Full Name: _____ Nickname: _____

Address/City/State/Zip: _____

Home Number: _____ Cell Number: _____

Parent's Names: Mother _____ Father _____

Does your child have an IEP (Individualized Education Plan)? Y N

Date of IEP: _____ *** IEP must be presented before acceptance into preschool**

Have you had any evaluations/testing for developmental concerns? _____

Does your child have any diagnosis we should be aware of? Y N _____

Does your child take any medication on a regular basis? Y N If yes, what? Medication:

Does your child have any physical, mental or emotional limitations? Y N If yes, explain:

Allergies? Y N if yes, what? _____

If your child needs medicine (including Tylenol) in school a doctor's note must be filed in the office so it can be administered by a member of the staff. Tylenol cards are available. Doctor's may fax documentation to school at 215-379-4430.

*** Children must be diaper free before the start of preschool**

Is your child toilet trained? Y N Can they attend to their needs on their own? Y N If no, explain:

Does your child have any fears we should be aware of? Y N _____

Is a language other than English spoken at home? Y N If yes, what language? _____

Does your child have siblings? Please list: _____

Are they siblings at Presentation? Y N

Does your child have a hobby or special interest? _____

Is your child left or right handed? _____

Additional comments, concerns, or information that you think might be helpful to us?

