

Vista Kids Preschool  
2017-18 Enrollment Form

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Home/Best Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Child's Birthday \_\_\_\_\_ Birthplace \_\_\_\_\_

Gender (please circle) Boy Girl

Parent's Marital Status: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Single \_\_\_

Widowed \_\_\_

With whom does the child live? \_\_\_\_\_

Is child adopted? \_\_\_\_\_ If so, does child know this? \_\_\_\_\_

Siblings: List name and ages: \_\_\_\_\_

\_\_\_\_\_

Has child previously attended preschool? \_\_\_\_\_

Where? \_\_\_\_\_

Is either parent away for long periods? \_\_\_\_\_

Where and how long? \_\_\_\_\_

What activities do you and your child enjoy doing together?

\_\_\_\_\_

Are there any concerns you would like us to be aware of?

\_\_\_\_\_

\_\_\_\_\_

Please share some of your child's special qualities and characteristics:

\_\_\_\_\_

\_\_\_\_\_

Describe any medical or learning concerns your child has:

\_\_\_\_\_

\_\_\_\_\_

List any fears, dislikes, sleep patterns or play habits that would be helpful for us to know: \_\_\_\_\_

Turn Over

What would you like your child to learn about *God*? \_\_\_\_\_

What are your three highest priorities regarding your child's overall education?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please list any topics for workshops you would like to see offered by our school:

\_\_\_\_\_

All information provided will remain confidential. This form will only be shared with employees directly caring for your child.

Date \_\_\_\_\_

Parent signature \_\_\_\_\_