

Date \_\_\_\_\_ Registration Fee Paid \_\_\_\_\_

**Chesterton United Methodist Preschool  
Enrollment Form**

**Child's Name** \_\_\_\_\_  
(Last) (First) (Middle)

**Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Phone Number ( \_\_\_\_\_ )** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_

Religious Background \_\_\_\_\_

Mother's/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Occupation \_\_\_\_\_

Status: \_\_ Married \_\_ Divorced \_\_ Separated \_\_ Deceased \_\_ Single

Father's/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Occupation \_\_\_\_\_

Brothers and Sisters – Name and Birthdate

\_\_\_\_\_  
\_\_\_\_\_

I would like for my child to attend:

\_\_\_\_\_ Preschool (3 on or before August 1)

\_\_\_\_\_ PreKindergarten (4 on or before August 1)

# Parent Questionnaire

*Please complete this survey and return the form to school. The information will help us to become better acquainted with your child. Feel free to use additional paper as necessary. We would like to thank you in advance for providing this useful information.*

1. By what name do you usually call your child? \_\_\_\_\_
2. Does your child have any medical issues, i.e. disabilities, allergies, that we should be aware of? If so, please explain \_\_\_\_\_  
\_\_\_\_\_
3. What terminology does your child use regarding the use of the bathroom? \_\_\_\_\_
4. If your child has attended preschool before was the experience enjoyable? \_\_\_\_\_
5. Does your child have tantrums? \_\_\_\_\_
6. If your child has unusual fears, what are they? \_\_\_\_\_  
\_\_\_\_\_
7. Does your child use the following at home? (Please circle.)  
crayons   scissors   pencil   chalk   markers
8. What do you see as your child's strengths? \_\_\_\_\_  
\_\_\_\_\_
9. Is there any area in which you anticipate difficulty for your child? (e.g. sharing, following directions, etc.) \_\_\_\_\_  
\_\_\_\_\_
10. What goals do you have for your child? \_\_\_\_\_  
\_\_\_\_\_
11. What other information would you like us to know about your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you for taking the time to fill out this questionnaire.*