

**Rolling Meadows Park District Early Childhood
Student Information Sheet**

Child's Name: _____

What do you want your child to be called at school? _____

Child's Birth date (M/D/Y): _____ Age : _____

Parent/ Guardian's Name(s):

Child's Siblings (this will help us spell their names on their artwork):

Family Pets: _____

What are goals do you have for your child in preschool?

Have there been any changes in your family we should know about (for ex. new baby or recent move/ job change) that may affect your child's behavior?

Is there anything we can do to help ease your child's transition to preschool?

What are your child's interests and activities he/she enjoys?

How would you describe your child's playing habits?

If there is anything else you would like to tell us about your child that would be helpful to know as his/her teacher, please write it on the back. Thanks!

this sheet will be kept confidential

After completing this form, please save and upload to your ePACT account.