

River City Believers Academy Preschool
Child Information Form

Child's Name _____ Nickname: _____

Child's Birthday: (mm/dd/yy) _____

1st Contact Name: _____ Number: _____

2nd Contact Name: _____ Number: _____

Food/Medical Allergies _____

Eating Habits: _____

Favorite Food/drink: _____

Behavior Habits: _____

Fears/ Hesitations: _____

Special Vocabulary/Needs: _____

Nap Habits (Time of day/length): _____

Special Toy/Blanket: _____

What comforts your child when they are upset? _____

Favorite game, activity and song: _____

Siblings

1. Name: _____ Age: _____

2. Name: _____ Age: _____

3. Name: _____ Age: _____

Any additional information, please continue on the back of this sheet.