



## Second Presbyterian Preschool Student Background Form

Teacher/Class \_\_\_\_\_

Today's Date \_\_\_\_\_

Student Name/Nickname: \_\_\_\_\_ Birthday: \_\_\_\_\_

Parent Name/Nickname1: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent Name/Nickname2: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Grandparents: \_\_\_\_\_ and \_\_\_\_\_

Grandparents: \_\_\_\_\_ and \_\_\_\_\_

Allergies: \_\_\_\_\_

Names and Ages of Siblings:

1. \_\_\_\_\_ Age: \_\_\_\_\_

2. \_\_\_\_\_ Age: \_\_\_\_\_

3. \_\_\_\_\_ Age: \_\_\_\_\_

Nanny/Caregiver if other than parents: \_\_\_\_\_

Family Pets: \_\_\_\_\_

Special Interests: \_\_\_\_\_

Special Concerns: (fears, developmental issues, other difficulties) \_\_\_\_\_

Parents' Hobbies or Interests that you would be willing to share with your child's class: \_\_\_\_\_

Other Information we should be aware of: \_\_\_\_\_

Please return this form to your child's teacher. Contact, Alice Light at [alight@spres.org](mailto:alight@spres.org) or call the preschool office at (540) 342-6405 extension 1, for any reason.