

**POP Kids Family Information**



Child's Name \_\_\_\_\_ Class Days (Circle): M/W T/TH  
T/TH 3's M/W/F 3's M/W/F Pre-K M-TH Pre-K 2 PM 3's PM Pre-K 1

Nickname \_\_\_\_\_ Circle: Boy or Girl Birthdate \_\_\_\_\_  
Which name would you like for your child to learn to identify or write? \_\_\_\_\_

**In- House Roster Information** (only distributed to children in your child's class)

Parent's name(s) \_\_\_\_\_

Best phone number, one number please \_\_\_\_\_

Best E-Mail address \_\_\_\_\_

**Home information**

Brother \_\_\_\_\_ Age \_\_\_\_\_ Sister \_\_\_\_\_ Age \_\_\_\_\_

Brother \_\_\_\_\_ Age \_\_\_\_\_ Sister \_\_\_\_\_ Age \_\_\_\_\_

Any other individuals living in the household and their relationship to the child?  
\_\_\_\_\_

Is there any special talent or occupation that you or someone in your family would be interested in sharing with the school? (i.e. Firefighter, farmer, artist, craft specialty, etc)  
\_\_\_\_\_

Occupation of Mother: \_\_\_\_\_ Father: \_\_\_\_\_

**Personal Information** (please be honest, this information helps place your child in the best class for them and is kept confidential)

How would you describe your child's personality?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been tested by a professional in any area regarding child developmental delays? (i.e. speech, physical, developmental, etc.) \_\_\_ yes \_\_\_ no

If yes, please explain or attach reports.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no, do you have any concerns?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Does your child have any specific interests or participate in other activities:

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Has your child been to Preschool? \_\_\_\_\_ Daycare? \_\_\_\_\_ Babysitter? \_\_\_\_\_

Do you feel any adaptations need to be made to accommodate your child besides food allergies that are addressed on the yellow, Child Enrollment form?

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Do you anticipate any difficulties in your child's adjustment to school or does your child have any fears?

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**Expectations for POP Kids School**

Identify three goals you would like to see your child achieve during the school year:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you have any questions or suggestions about our policies in the handbook?

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**Miscellaneous:**

- Church Affiliation (optional) \_\_\_\_\_
- Are you interested in getting more information about Prince of Peace Church?

*Please check one:*

\_\_\_\_\_ Packet of Information    \_\_\_\_\_ Phone Call    \_\_\_\_\_ No, Thank you

Why did you choose POP Kids School?

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