

## POP Kids Family Information



Child's Name \_\_\_\_\_

Class Days (Circle): M/W/F Bright Stars    T/TH Bright Stars    T/TH AM 3's    M/W/F AM 3's  
M/W/F AM Pre-K 1    M-TH Pre-K 2    T/W/TH PM 3's    T/W/TH PM Pre-K 1

(Circle): Boy or Girl                      Birthdate \_\_\_\_\_

What name would you like for your child to be called and to learn to identify or write?  
(note: it should be the same) \_\_\_\_\_

### In-House Roster Information

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

Home Address \_\_\_\_\_

Best phone number to reach you and whose it is \_\_\_\_\_

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?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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.

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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?

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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 Parent 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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