



Cary Park District Preschool Child Information 2024-2025

Child's Full Name: _____
(First) (Middle) (Last)

Child's name to be used at school (on cubby/printed on work): _____

Child's Birthday _____ Child's Weight and Height _____

Home Address _____ Home Telephone _____

Parent/Guardian Name _____ Cell Number _____

Occupation, Hobbies, Interests _____

Parent/Guardian Name _____ Cell Number _____

Occupation, Hobbies, Interests _____

Family members in the household:

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

What programs/classes has your child attended? _____

What special interests does your child have? _____

What fears does your child express? _____

What do you enjoy doing with your child? _____

Does your child have any food allergies? _____

What do you hope your child will gain from his/her preschool experience? _____

What concerns, if any, do you have regarding your child's development? _____

Does your child need any special accommodations in order to be successful in this program?