



Abbotsford Christian School

PRESCHOOL STUDENT PROFILE

Parent's Name: _____
(Last name) (Mother's name) (Father's Name)

Student's Name: _____ **Gender:** _____ **Date of Birth:** _____
(First Name) (Middle Name)

Place of Birth: _____
(City) (Country)

List chronologically all children in your family (0-18 years of age). Use extra page if necessary.

Name	Birthdate	Grade in September	Name of School presently attending

Usually my child likes to play with: brothers sisters friends cousins
 neighborhood children other _____ by him/herself

When alone, my child likes to play with: _____

My child likes to pretend: _____

When I am with my child we usually: _____

Additional activities (Story Hour, swimming lessons, T-ball, minor hockey, Awana, Cubbies, etc.)

Do you have any pets at home ? _____

Describe any physical, mental or emotional disabilities (allergies, heart, hearing impaired, speech impediment, nervous condition, etc.)

Has your child ever received any diagnostic testing? Yes No

Dates of testing (if applicable) _____ Is this information available to the school? Yes No

Explanation: _____

Parental contribution to the class:

Please list any specific talent, skill, job, career, or hobby you would be willing to share with the class (e.g. music, cooking, crafts, woodcarving, dental assistant, beekeeper, etc.)



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What medical information would help us understand your child better (birth complications, speech, hearing, allergies, asthma, etc.)?

For his/her age, do you consider your child to be: immature average mature

Has your child been referred to any specialists (allergist, eye doctor, hearing, pediatrician)?

Do any agencies such as the Child Development Centre or Health clinics have a report on your child? If so, please attach any copies you have: _____

My child has been immunized: Yes No

Describe your child's personality (shy, outgoing, strong-willed, cooperative, confident, fearful)

What do you hope your child will gain from this preschool experience?

Should your child need emergency medical attention, and attempts to contact you or your emergency contact person fails, we will call an ambulance. We will continue to attempt to reach you or your emergency contact person. Please authorize us to take your child to an emergency clinic by signing the following statement:

I, _____ parent/guardian of _____
authorize the staff at Abbotsford Christian School to take my child to an emergency clinic for medical attention when I or my emergency contact person cannot be reached.

Signature

Date

I have attached my child's: birth certificate immunization record recent photograph

ACS Elementary (PreK-5)
Roy VanEerden - Principal
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