

Calvary Chapel Lake Arrowhead Preschool

Please tell us a little about your child and your family:

Names and ages of brothers and sisters: _____

Names of other people in the household (grandparents, uncles, aunts, cousins, etc.): _____

Does your child have previous preschool experience? YES _____ NO _____

If yes, please give some details: _____

What are your child's favorite toys? _____

Does your child prefer to play (circle one): Alone With siblings

With adults with older children With peers

Do you consider your child: easy to manage hard to manage

Does your child have fears? YES _____ NO _____ If yes, give details: _____

Is there any stress (past or current) in your home that may be affecting your child? YES _____ NO _____

If yes, please describe briefly the situations: _____

All information will be kept in strict confidence.

Your child's strengths: _____

Your child's weaknesses (problem areas): _____

How are you working on these? _____

What method of discipline is used at home? _____

Background Information Provided By:

Print Name

Relationship to Child

CCLAP Admission Agreement & Contract Received

Signature/Date

Signature/ Date

We have received a copy of the Calvary Chapel Lake Arrowhead
Preschool Parent Handbook. We have read all the policies of the
program, understand them, and agree to abide by their requirements.

Signature/Date

Signature/ Date