



INFORMATION SHEET 2024-2025

Full Name _____ Birth Date _____

Name to be used at school _____

Parents/Guardians' Names _____

Marital status of parents _____ Child lives with _____

Does your child have any brothers or sisters? YES NO (If yes, please list)

NAME	AGE	SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is another language spoken at home? YES NO _____

Has your child ever attended preschool prior to Holy Cross? YES NO

Has your child ever attended Story Hour at the library? YES NO

Does your child have playmates his/her own age? YES NO

Has your child had experience with crayons, pencils, and markers? YES NO

Has your child had experience with scissors? YES NO

Does your child have any special interests or hobbies? _____

Does your child have any allergies or physical challenges? YES NO

Does your child take any medication on a regular basis? YES NO

Is your child aware of dangers such as fire, traffic and strangers? YES NO

At what age did your child:

Walk alone _____ Talk in sentences _____

Is your child right or left handed? RIGHT LEFT NOT SURE

Does your child dress him/herself? YES NO SOME

Could you help with an in-school party? YES NO

Could you drive for a field trip? YES NO

Please list any additional comments or information about your child that may be helpful in working with you and your child.