



6995 W 120th Ave., Broomfield, CO 80020 • 303.469.2049 • beautifulsaviorbroomfield.org

PRESCHOOL & PRE KINDERGARTEN STUDENT INFORMATION FORM

Child's Full Name: _____ Preferred Nickname: _____

Date of Birth: _____ Date of Baptism: _____

Sex: **Male** **Female**

Personal History:

What is your home church?

What is your religious affiliation/denomination? _____

Please list names and ages of siblings:

Is the child right-handed or left-handed? **R** **L** **Unknown**

Has a child had a previous group or preschool experience? **Yes** **No**

If yes, where, and when?

Is your child fully potty-trained (can use the restroom and manipulate clothing on his/her own)? **Yes** **No**

What words does your child use for toileting?

Does your child have any bowel or bladder irregularities? _____

Are there any special food or eating instructions?

Are there any sleeping or napping instructions? _____

Did your child require any planned accommodations or modifications to enjoy and participate in their previous school? _____

Any additional information such as communicating with your child, comforting your child, major recent events, etc. that will help the teacher to know when caring for your child?

To the best of my knowledge, the information I have provided and the statements I have made in this profile are correct and complete. I understand that false information provided herein or in connection with the enrollment process may result in disenrollment of my child. I further agree to update the information pertaining to my child as circumstances may require or at Beautiful Savior Lutheran School's request.

Signature of Parent or Legal Guardian

Date