## **POP Kids Family Information**



				7 3 A
Child's Name				
Class Days (Circle): M/W/F AM Pre-K 1	e	T/TH Bright Stars		
W/W/FAWIPIE-KI	M-IH PIE-K 2	T/W/TH PM 3's	1/w/IH PM Ple-N	<b>.</b> 1
(Circle): Boy or Gi	rl Birthd	ate		
		be called and to learn to		
In-House Roster I	nformation			
Parent's name(s)				
Home Address				
		it is		
Best E-Mail address _				
Home information	<u>1</u>			
Brother	Age	Sister	Age	
Brother	Age	Sister	Age	
Is there any special tal	ent or occupation that	ld and their relationship	r family would be into	erested in sharing
Occupation of Mother	:	Father:		_
		t, this information helps	place your child in the	ne best class for them
and is kept confidentia	(1)			
How would you descri	ibe your child's perso	nality?		

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Has your child ever been tested by a professional in any area regarding child developmental delays? (i.e. speech, physical, developmental, etc.) \_\_\_\_ yes \_\_\_\_ no If yes, please explain or attach reports.

If no, do you have any concerns?				
Does your child have any specific intere	sts or participate in oth	her activities:		
Has your child been to Preschool?	Daycare?	Babysitter?		
Do you feel any adaptations need to be r addressed on the (yellow) Child Enrolln		your child besides food allergies that are		
Do you anticipate any difficulties in you	ır child's adjustment to	o school?		

## **Expectations for POP Kids School**

Identify three goals you would like to see your child achieve during the school year:

1.	
2.	
3.	

Do you have any questions or suggestions about our policies in the Parent handbook?

## **Miscellaneous:**

- Church Affiliation (optional) \_\_\_\_\_\_
- Are you interested in getting more information about Prince of Peace Church? *Please check one*:
- Packet of Information \_\_\_\_\_ Phone Call \_\_\_\_\_ No, Thank you

Why did you choose POP Kids School?