

**Sioux Center Christian School  
Information Survey**

We are looking forward to getting to know your child and also his/her family. In order to do this, we would like you to share a little about your family and your child with us. All of this will be confidential and is not a part of his/her permanent record unless you wish it to be. Our hope is that, if we know a little about your child and his/her needs before the school year, we can make his/her adjustment to school and happy and comfortable start.

Parent(s) Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Preferred Nickname \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Church \_\_\_\_\_

Daytime contact/emergency telephone numbers \_\_\_\_\_

Birth Date \_\_\_\_\_

**Other Family Members**

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Please tell us about your child's:

Special friends or relationships that are important to him/her \_\_\_\_\_

Special interests \_\_\_\_\_

Pets \_\_\_\_\_

**Additional Information**

Describe your child's current health:

Any Allergies \_\_\_\_\_

Any Medications \_\_\_\_\_

Any Restrictions \_\_\_\_\_

Is there any stage of development that you feel we should know about that might affect your child's performance in school? (examples: late walker, no crawling, speech development, etc.) \_\_\_\_\_

\_\_\_\_\_

Is your child able to read independently? \_\_\_\_\_  
How is your child developing socially? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did your child attend a pre-school? \_\_\_\_\_ If so, which one? \_\_\_\_\_  
What is your child's attitude toward the idea of "school"? \_\_\_\_\_  
\_\_\_\_\_

Eating habits: Is your child a good eater? \_\_\_\_\_ Any food allergies? \_\_\_\_\_  
Strong dislikes? \_\_\_\_\_  
Rest habits: Does your child take naps? \_\_\_\_\_ Early or late riser? \_\_\_\_\_  
Tire easily \_\_\_\_\_  
Fears (dogs, sirens, etc.) \_\_\_\_\_  
\_\_\_\_\_

Please check if you would be willing to help with any of the following:  
\_\_\_\_\_ General volunteer class work  
\_\_\_\_\_ Working on things at home  
\_\_\_\_\_ Special skills to share (ex. Musical instruments, hobby, sports, etc.)  
\_\_\_\_\_ Field trips

My child will:

- Ride bus to/from school (circle one or both)
- Be picked up/dropped off (circle one or both)
- Walk to/from school (circle one or both)

Additional family history or comments you would like to make \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there is anything else about your child that you feel we should know, please feel free to write it below. Thank you!