

Alice Ann Bonham  
Pastor  
215-245-1215

Lisa A. Woods  
Director  
215-245-1610



Bensalem United Methodist Church  
Bensalem Christian Day School  
4300 Hulmeville Road, Bensalem PA 19020  
[www.bensalemchristiandayschool.org](http://www.bensalemchristiandayschool.org)

**STUDENT INFORMATION FORM**

*Note: The following information is requested to help your child's teacher better understand your son or daughter and to help the teacher plan a classroom environment that takes into consideration your child's personality, unique background of experiences, and individual needs. All information provided is for the teacher's use only and is strictly confidential.*

**PLEASE PRINT OR TYPE ALL INFORMATION!**

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

Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_ Home Phone \_\_\_\_\_ Mother's Cell \_\_\_\_\_  
Month / Date / Year Male / Female Father's Cell \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Child lives with: Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_  
(Please specify--i.e. grandparents, cousin, etc.)

**Names and Birthdates of Brothers and Sisters:**

<u>NAMES</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____
_____	_____

Previous Group Experience \_\_\_\_\_  
(i.e. Nursery School, Sunday school, Library Story Hour, etc.)

What do you hope your child will gain from this preschool experience? \_\_\_\_\_

How would you describe your child? (Shy, aggressive, active, quiet, etc.) \_\_\_\_\_

Physical-Emotional History of your child: List allergies, food restrictions, surgery, speech problems, illness, accidents, habits, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health \_\_\_\_\_ Fears \_\_\_\_\_

Emotional \_\_\_\_\_ Left or Right Handed \_\_\_\_\_

