

# Trinity Lutheran School

20 East Salzburg Road  
Bay City, MI 48706  
(989)662-4891

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Emergency Name: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

Hospital Choice: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Where will your child go after school? \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Preschool children in family other than above child:

Name	Sex	Birthdate
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1.

2.

3.

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Date Enrolled \_\_\_\_\_

Grade \_\_\_\_\_

Legal Name

Of Child \_\_\_\_\_ Nickname \_\_\_\_\_  
Last                      First                      Middle

Address \_\_\_\_\_  
Number Direction                      Street/Road                      City                      Zip Code

Home telephone # \_\_\_\_\_ Unlisted? \_\_\_\_\_ (For school use only!)

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

If Adopted, at what age? \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Racial Ethnicity: (Circle one) American Indian African American Asian Hispanic  
 White Other

\_\_\_\_\_  
 Name of school last attended      Address of school                      \_\_\_\_\_      Grade

<u>Names of other children in family:</u>	<u>Age</u>	<u>Grade</u>	<u>Birthdate</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family Data	Mother	Father
Name		
Place of Birth		
Place of Employment		
Education Status	Elem      HS      College	Elem      HS      College
Marital Status		
Step-Parent / Guardian		
With Whom Does Child Reside		

Has your child had experience with groups of children in:	<u>Yes</u>	<u>No</u>
Neighborhood?	_____	_____
Sunday or Bible School?	_____	_____
Nursery or Preschool?	_____	_____
Where? _____		
Daycare?	_____	_____
Where? _____		
Library Story Hour?	_____	_____
Group Instruction?	_____	_____

Please describe any problems which occurred:

\_\_\_\_\_

How long will your child play by himself with a favorite toy?

1 to 5 minutes \_\_\_\_\_      6 to 15 minutes \_\_\_\_\_      16 to 30 minutes \_\_\_\_\_

About how long does your child sit and watch television each day? \_\_\_\_\_

What types of programs does he/she prefer?

\_\_\_\_\_

Can your child:	<u>Yes</u>	<u>No</u>
Pay attention to a short story when it is read and answer simple questions about it?	_____	_____
Draw and color beyond a simple scribble?	_____	_____
Tie his/her shoes?	_____	_____
Zip or button up his/her coat/pants?	_____	_____
Alternate feet walking downstairs?	_____	_____
Walk a straight line?	_____	_____
Fasten buttons he/she can see?	_____	_____
Use a knife for spreading jam or butter?	_____	_____
Take care of his/her toilet needs by himself/herself?	_____	_____
Be away from you two or three hours without being upset?	_____	_____

## Health and Behavior Record

Check any of the following that may apply to your child:

- |                     |                        |                          |
|---------------------|------------------------|--------------------------|
| 1 Anemic _____      | 5 Diabetes _____       | 9 Kidney Problems _____  |
| 2 Allergies _____   | 6 Easy Bleeder _____   | 10 Rheumatic Fever _____ |
| 3 Asthma _____      | 7 Epilepsy _____       | 11 Tonsillitis _____     |
| 4 Convulsions _____ | 8 Frequent Colds _____ | 12 Other _____           |

Is this child on any long term medication? \_\_\_\_\_ Yes      \_\_\_\_\_ No      If Yes, What? \_\_\_\_\_

Is your child right-handed? \_\_\_\_\_

Is your child left-handed? \_\_\_\_\_

- - - -

Please check any of the following that, in your opinion, will help us to better understand your child.

- | <u>Health</u>   | <u>Behavior Traits</u>  | <u>Maturity</u>  |
|---|---|--|
| 1 <u>May Engage in:</u><br>____ Normal Activity<br>____ Restricted Activity | 1 _____ Temper Tantrums<br>2 _____ Friendly<br>3 _____ Stubborn                   | 1 <u>Coordination:</u><br>____ Good<br>____ Poor       |
| 2 _____ Overweight  | 4 _____ Talkative   | 2 <u>Physical Size:</u><br>____ Over<br>____ Under     |
| 3 <u>Sleep Habits:</u><br>____ Good<br>____ Poor                            | 5 _____ Easily Disturbed<br>6 <u>Relates to Others:</u><br>____ Good<br>____ Poor | 3 <u>Speech:</u><br>____ Good<br>____ Poor             |
| 4 <u>Eating Habits:</u><br>____ Good<br>____ Poor                           | 7 _____ Nervous   | 4 <u>Independent:</u><br>____ Good<br>____ Poor        |
| 5 <u>General Health:</u><br>____ Good<br>____ Poor                          | 8 _____ Anxious<br>9 _____ Overactive<br>10 _____ Withdrawn                       | 5 <u>Shares with Others:</u><br>____ Good<br>____ Poor |
| 6 <u>Other Health Problems:</u><br>_____                                    | 11 _____ Fears  |  |

Does your child have any allergies to any types of food? \_\_\_\_\_

If so, what are they? \_\_\_\_\_

Does your child have any types of fears? \_\_\_\_\_

If so, what are they? \_\_\_\_\_

Is there anything else that I should know about your child? \_\_\_\_\_