

**FIRST ASSEMBLY OF GOD**  
**CORNERSTONE DAYCARE LEARNING CENTER**  
1400 W. Washington Center Rd. Fort Wayne, IN 46825 (260)489-3737

**GETTING ACQUAINTED WITH YOUR SCHOOLAGE CHILD**

Date \_\_\_\_\_

Last Name	First	Middle	Nickname
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Siblings:

Name _____	Age _____	Name _____	Age _____
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Name _____	Age _____	Name _____	Age _____
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List members of your present household not listed above (other relatives, roomers, maid, etc.) \_\_\_\_\_

Child is right-handed \_\_\_\_\_ Left-handed \_\_\_\_\_

Check if there is a problem: Hearing \_\_\_\_\_ Vision \_\_\_\_\_ Speech \_\_\_\_\_

What does your child like to do most outdoors? \_\_\_\_\_

What does your child like to do most with other children? \_\_\_\_\_

Favorite games: \_\_\_\_\_ Favorite toys: \_\_\_\_\_

Does he/she have any special problems or fears? \_\_\_\_\_

Does he/she have any allergies or food reactions? \_\_\_\_\_

Does child take medication regularly? \_\_\_\_\_ Any health problems or handicap? \_\_\_\_\_

How did you hear about our Center? \_\_\_\_\_

If your family is affiliated with a church in the community, which one? \_\_\_\_\_

Is your child involved in Children's Ministry, ie Sunday School, Children's Church or Nursery? Please list \_\_\_\_\_

List any other pre-school or daycare child has attended: \_\_\_\_\_

Name of Elementary School child is attending \_\_\_\_\_ Grade \_\_\_\_\_

Will child require busing? Before and After School \_\_\_\_\_ Before or After School \_\_\_\_\_

Cornerstone Kindergarten Before and After School \_\_\_\_\_ Before or After School \_\_\_\_\_

Your child's care during the day is a responsibility we share. In what ways can we help your child this year? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

Please use space below for any additional information you feel that we should know.