



Greensburg United Methodist Church
Loving Hands Preschool

Child's Name _____ Birthdate _____

What is most important to you in the provision of care to your child during preschool?

Are there any particular experiences you want your child to have through the Loving Hands Preschool program? Please specify:

Has your child had previous child care/preschool involvement with other organizations? If yes, where and for what length of time?

Does your child have any special physical, educational or emotional needs that we should be aware of? _____

Does your child have any particular difficulties, worries or fears that we should know about? _____

What are some of your child's favorite play activities?

Who resides in the home with the child? (If siblings, please list ages as well as names)

Thank you for your assistance. Your answers to these questions will help provide the best possible preschool experience for your child.

Signature of Person Completing Form _____ Date _____