



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?

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

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

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

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

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

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

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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 \_\_\_\_\_