

Does your child have any special fears? _____

Does your child have any problems with vision or hearing? _____ If so, please explain.

Does your child have any health problems that we should be aware of? _____

Please explain. _____

Are there any foods or drinks that your child should not have? _____

What does your child usually eat for breakfast? _____

Do you have any concerns about any aspect of your child's development? _____

Is any language other than English used in the home? If so, please describe.

List illnesses your child has had _____

Does your child have frequent colds? _____ earaches? _____ sore throats? _____

stomach aches? _____ fevers? _____

Has your child had any serious accidents or operations? _____ If so, please describe.

Does your child have any allergies? _____ Please describe. _____

Does your child take any regular medication? _____

When did your child last see a doctor? _____ Dentist? _____

Are there any special medical, physical, or emotional needs that the school or staff should be aware of?

How much television does your child generally watch each day? _____

What are your child's favorite activities? _____

What does your child enjoy doing with mother? _____

What does your child enjoy doing with father? _____

Does your child play well alone? _____ In groups? _____

Are there neighborhood playmates? _____ If so, what ages? _____

Does your child accept correction easily? _____

What method of behavior control is used in your home? _____

Please circle items below that describe your child...

Happy Aggressive Friendly Moody Clumsy

Dependent Stubborn Impulsive Fearful Quiet

Good-natured Even-tempered Attentive Sympathetic Shy

Sleepy Other: _____

Has your child learned to...?

Say nursery rhymes? _____ Sing songs? _____

Listen to stories? _____ Say his or her name? _____

State his or her age and sex? _____ Dress self independently? _____

Recognize and name common objects? _____

Count? _____ How far? _____

Follow simple directions? _____ Throw and catch a ball? _____

Name basic colors? _____ Hop on one foot? _____

Balance on one foot? _____ Ride a tricycle? _____

Write name? _____ Draw a person? _____

Other? (Please note additional significant accomplishments.) _____

Has your child had group play experience? _____

Has your child been cared for by someone besides the family? _____

If so, please describe. _____

Has your child gone to preschool or daycare before? _____

Please describe previous experiences. _____

What do you hope will be included in your child's preschool program? _____



PHOTO AND VIDEO RELEASE FORM

I, _____, as parent or legal guardian of

Child's Name

(Check One)

- Grant my permission
- Withhold my permission

for Wiregrass Christian Academy to take photographs or record a video of my child during daily and/or special activities of the school. **Such photos may be placed on school bulletin boards, used in the end-of-year slide show, included on the WCA web site and Facebook page, and used in local cable television and newspaper advertisements and articles.**

Signature of Parent or Guardian

Date

THIS FORM MUST BE NOTARIZED

SECTION 2. FORM OF AFFIDAVIT (for parent/ guardian)

STATE OF ALABAMA

COUNTY OF: Coffee

Before me, a Notary Republic in and for said State and County, appeared

_____ and is known to me, after being duly

Parent Name

sworn or affirmed, says as follows:

That affiant is the parent or legal guardian of the minor child/children

_____ ; that affiant has been notified by

Sandra Turner, a representative of Wiregrass Christian Academy, that said

school has filed notice and is exempt under law from regulation by the

Department of Human Resources.

_____ Parent/Legal Guardian Signature

Sworn, or affirmed to and subscribed before me this _____ day of

_____, 20_____.

My commission expires _____