

Student Information Form

tudent Information Ple			Date Completed / /			
udent Name:				Current Age:	3 □4 □!	
(First)	(Mide	dle) (Last)				
Name that your child			(Street)			
ate of Birth:/	/		(City, State, Zip Code)			
arent/Guardian Information	<u>on</u>					
]Father □Stepfather □	Guardian		☐ Mother ☐ Step	mother 🔲 (Guardian	
ame:			Name:			
ell #:			Cell #:			
-Mail:			E-Mail:			
ccupation:	Occupation:					
arents are:	separated	d 🗆 divo	orced 🗆 other:			
orrespondence re: classroom	activities shou	uld be sent to:		er \square mother	guardian	
orrespondence re: classroom rimary language spoken at ho iblings	activities shou	uld be sent to:	□ both parents □ fath	er		
orrespondence re: classroom rimary language spoken at ho	activities shou	uld be sent to:	\square both parents \square fath	er \square mother	☐ guardian Lives in the same home?	
orrespondence re: classroom rimary language spoken at ho blings	activities shou	uld be sent to:	□ both parents □ fath	er	Lives in the	
orrespondence re: classroom imary language spoken at ho blings Name	activities shou	Lives in the same home?	□ both parents □ fath Name	er mother	Lives in the same home?	
orrespondence re: classroom rimary language spoken at house liblings Name	activities shou	Lives in the same home?	□ both parents □ fath	er mother	Lives in the same home?	
orrespondence re: classroom rimary language spoken at hobblings Name	activities shou	Lives in the same home?	□ both parents □ fath Name	er mother	Lives in the same home?	
motional Development heck several words that best Very Active	Age describe you rendent	Lives in the same home?	Name Name nal behavior: Temperamental □Excit	er mother	Lives in the same home?	

CCS – Student Information Form

Social Development

Your child's previous school or group experiences:				
Types of play your child likes best:				
Check words that best describe you r child's social behavior:	•	Friendly		□Outgoing
Other:				
<u>Favorites</u>				
Color:	Toy:			
Movie or Show:	Food:			
Medical Information				
Child's Physician:	Phone No.:	·		
Food Allergies:	gies:			
Are you aware of or concerned about any speech, hearing or	language prob	lems?		
Is there any other physical information that our staff should k	now about yo	ur child?		
Parent/Guardian Signature: or Typed Full Name			Date:/	/

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301 Rowe Boulevard, Annapolis, MD 21401

Phone: 410-268-3812 Website: www.calumc.org Email: calvarycenter@calumc.org