

Eugene Christian School  
4500 West Amazon Drive  
Eugene, Oregon 97405

**STUDENT INFORMATION  
KINDERGARTEN**

Class Enrolled:

- Half Day  
 Full Day

Student \_\_\_\_\_ Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Family Life:**

How does your child spend his time indoors? \_\_\_\_\_ Outdoors \_\_\_\_\_

Does he play mostly with older, younger, or children his own age? \_\_\_\_\_

Has he attended any nursery or been left with a baby-sitter? \_\_\_\_\_

Do playmates often come to his home? Yes \_\_\_\_\_ No \_\_\_\_\_

How does he meet new acquaintances? Easily \_\_\_\_\_ Timidly \_\_\_\_\_ Reluctantly \_\_\_\_\_

Does he watch regular TV programs? Yes \_\_\_\_\_ No \_\_\_\_\_ Which are his favorites \_\_\_\_\_

Please indicate child's position in the family. (Circle) 1 2 3 4 5 6 7 8

Are there other members of the household in addition to immediate family? \_\_\_\_\_

Does he have his own room? \_\_\_\_\_ Share it with \_\_\_\_\_

How many hours does he sleep per night? \_\_\_\_\_ Does he nap? Yes \_\_\_\_\_ No \_\_\_\_\_

Does he have any special fears? The dark \_\_\_\_\_ High places \_\_\_\_\_ Animals \_\_\_\_\_

Certain people or places \_\_\_\_\_ Other \_\_\_\_\_

What are his favorite playthings? \_\_\_\_\_

Does he share? Willingly \_\_\_\_\_ Unwillingly \_\_\_\_\_

What special privileges has your child enjoyed? (trips, pets, lessons, projects, local outings, etc.)  
\_\_\_\_\_

What special jobs or responsibilities does he have around the house? \_\_\_\_\_

How well does he do them? \_\_\_\_\_

What special interests does he have? \_\_\_\_\_

Is he right or left handed? \_\_\_\_\_

Is English their native language, if not what is? Yes \_\_\_\_\_ Other \_\_\_\_\_

**HEALTH INFORMATION:**

Health of student: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ Please explain \_\_\_\_\_

Does he have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ Please list \_\_\_\_\_

Is he on special medications? Yes \_\_\_\_\_ No \_\_\_\_\_ What medications? \_\_\_\_\_

Does he have any special health needs? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain \_\_\_\_\_  
\_\_\_\_\_

(Please turn sheet over and complete side two)

**EDUCATIONAL HISTORY:**

Did he attend nursery or preschool? Yes \_\_\_\_\_ No \_\_\_\_\_

Last school attended \_\_\_\_\_

Is he enrolled in any special classes? Music \_\_\_\_\_ Gymnastics \_\_\_\_\_ Sunday School \_\_\_\_\_ Other \_\_\_\_\_

**CONFIDENTIAL INFORMATION:**

Are there custody issues we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there custody papers on file? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a second parent mailing address? Name \_\_\_\_\_

Address \_\_\_\_\_

Should both names and addresses be listed in our Parent Directory? Yes \_\_\_\_\_ No \_\_\_\_\_

**FRIENDS AND FAMILY**

Do you have any friends or family members that would like to be on our mailing list to keep them informed about ECS?

**Maternal Grandparents**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Invite to Grandparents Day? Yes \_\_\_\_\_ No \_\_\_\_\_

**Paternal Grandparents**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Invite to Grandparents Day? Yes \_\_\_\_\_ No \_\_\_\_\_

**Friends and Family**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_