

Burley Christian School
PO Box 729
Burley WA 98322-0010
253.851.8619 BurleyChristian@bbcol.org

Preschool / Kindergarten Supplemental Information Form

Date: _____

Name: _____
Last First Middle Birth Date (MM/DD/YY)

Child prefers to be called: _____ (nickname)

Is your child toilet trained? Yes No

Please list food and other allergies _____

Does your child have any physical, or other problems that may affect their attendance or ability to interact with other children? Yes No If yes, please explain:

Has the child been diagnosed with any conditions which may affect their learning ability? Yes No If yes, please explain:

Any previous preschool/daycare attendance? _____ Where at? _____

Child resides with: Both parents Mother Father Other: _____

Who may take your child from school besides yourself?

Name

Relationship to student
