

**KIDS PEACE TIME  
PERSONAL INFORMATION**

Name of child \_\_\_\_\_ Boy/Girl  
Birth date \_\_\_/\_\_\_/\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Child's Mother: \_\_\_\_\_ Occupation \_\_\_\_\_

Child's Father: \_\_\_\_\_ Occupation \_\_\_\_\_

Child's Siblings (names & ages) \_\_\_\_\_  
Members of family living at home \_\_\_\_\_

Do you have a church home? \_\_\_\_\_ If so, where \_\_\_\_\_  
We attend on a regular basis/semi-regular basis/or seldom \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you say your child's attention span is:  
Short \_\_\_\_\_ Average \_\_\_\_\_ Long \_\_\_\_\_

Is his/her activity level:  
Very Active \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_

What other group experiences has your child had (Sunday School,  
preschool, ECFE, etc.)? \_\_\_\_\_  
\_\_\_\_\_

How long? \_\_\_\_\_

What are your child's favorite activities, toys, etc.? \_\_\_\_\_  
\_\_\_\_\_

Will he/she need help with toileting? \_\_\_\_\_  
Boys...Sit or stand? \_\_\_\_\_

What do you hope your child will gain by attending KPT? \_\_\_\_\_

\_\_\_\_\_

Any allergies? (food or drug) \_\_\_\_\_

Anything else that you would like to share with us about your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_