



PHOENIX CHRISTIAN

SCHOOL PRE K - 8

PreK Student Name: _____

*Parents of Pre-K students: Please provide us with some insights in the following areas concerning your child.
Please complete for each child.*

Allergies/Health concerns: _____

What activities has your child participated in? (church, team sports, preschool. etc.)

What are your child's interests?

How does your child relate to other children?

- ☐ Friendly, outgoing
- ☐ Shy

- ☐ Takes time to make friends
- ☐ Likes to play by self

Does your child have strong family connections?

- ☐ Close relationships with immediate and extended family
- ☐ Close relationships with siblings
- ☐ Has little contact with extended family members

What are your goals and expectations for your child's education?

Is there anything else you would like to tell us about your child?
