

# Calvary Chapel West Oahu Preschool

## Background Information

**Please tell us a little about your child and your family:**

Names and ages of brothers and sisters: \_\_\_\_\_  
\_\_\_\_\_

Names of other people in the household (grandparents, uncles, aunts, cousins, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have previous preschool experience? If yes, please give some details:  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's favorite toys? \_\_\_\_\_  
\_\_\_\_\_

Does your child prefer to play (circle one):      alone      with siblings      with adults      with older children      with peers

Do you consider your child: \_\_\_\_\_ easy to manage      \_\_\_\_\_ hard to manage

Does your child have fears? If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

Are there any stresses (past or current) in your home which may be affecting your child?  
If yes, please describe the situations briefly. *All information will be kept in strict confidence.*

\_\_\_\_\_

Your child's strengths: \_\_\_\_\_

Your child's weaknesses (problem areas): \_\_\_\_\_

How are you working on these? \_\_\_\_\_

What method of discipline is used at home? \_\_\_\_\_  
\_\_\_\_\_

## CCWOP Policy Contract

**We have received a copy of the Calvary Chapel West Oahu Preschool Parent Handbook.  
We have read all the policies of the program, understand them, and agree to abide  
by their requirements.**

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name