

**Son Shine Academy**

910 Mapleleaf Drive,  
Mt. Pleasant, IA 52641  
(319)385-7336

**INTAKE SHEET**

**I. Child's Identification Information**

Name	Nickname:
Address	Phone:

Sex:	Birth date
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**II. Family Information: Parents or Guardians**

Name	Address	Place of Employment	Work Phone
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\_\_\_\_Single \_\_\_\_Married \_\_\_\_Divorced \_\_\_\_Separated \_\_\_\_Foster Parent

Names and ages of other children in the home:

_____	_____
_____	_____
_____	_____

**Please Note:** If one of the parents does not live at the same address as the child enrolled, a newsletter will be sent to this person also (unless you request that this not be done). Please provide this person's information below so that a newsletter can be sent.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

**III. Child's Medical History**

- Allergies (goods, medications, bees, etc.) \_\_\_\_\_
- Chronic or recurrent illnesses or diseases (asthma, seizures, diabetes, etc.)  
Please write "none" if your child has no medical problems.

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Does your child take medication for this condition? \_\_\_\_Yes \_\_\_\_No

If yes, please state the name and dosage \_\_\_\_\_

Will the medication need to be given during program hours? \_\_\_\_Yes \_\_\_\_No

If yes, when and how is it to be given? \_\_\_\_\_

What should we do if your child has a problem related to her/his medical condition during program hours? \_\_\_\_\_

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**IV. Play and Sociability**

- How does your child get along with other children? \_\_\_\_\_  
\_\_\_\_\_
- His/Her usual playmates are \_\_\_\_girls \_\_\_\_boys \_\_\_\_older \_\_\_\_younger
- Previous group experience:  
\_\_\_\_Preschool \_\_\_\_Playgroup \_\_\_\_Sunday School  
\_\_\_\_Other (Specify) \_\_\_\_\_

**V. Personality and Emotional Development**

- Is your child affectionate? \_\_\_\_\_ To whom? \_\_\_\_\_
- Does she/he accept new people easily? \_\_\_\_Yes \_\_\_\_No
- What are your child's fears? \_\_\_\_\_
- Is your child usually happy? \_\_\_\_Yes \_\_\_\_No
- What nervous habits does your child have? \_\_\_\_\_

**VI. Other Information: Please list some of your child's favorites:**

- Snacks & Drinks: \_\_\_\_\_
- Games: \_\_\_\_\_
- Other Activities: \_\_\_\_\_
- Give any further information that would be helpful in understanding your child or would enhance your child's experience in our program. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII. Information requested for Lutheran Annual School Statistics Form**

- Circle the race of child attending preschool:  
Black  
White  
American Indian  
Hispanic  
Asian  
Other \_\_\_\_\_(Please specify)
- Do you regularly attend a church?  
Yes\_\_\_\_ No\_\_\_\_  
If so, which one \_\_\_\_\_  
\_\_\_\_\_
- Has your child been baptized?  
Yes\_\_\_\_ No\_\_\_\_

- If you would like some information on baptism or joining our church, please contact Pastor at 385-8427 or check the following space \_\_\_\_\_.
- You are welcome to visit our church or participate in any of our programs: Sunday School, children's midweek program (ARK), Vacation Bible School, and Adult Bible Study. Please check the following space if you would like more information on any of these programs \_\_\_\_\_.