



East Grand Rapids Public Schools

## Preschool/Child Care Student Information Form

*~ Where children come as they are! ~*

To be completed by Preschool/Child Care Personnel

Child's Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ Today's Date: \_\_\_\_\_

School Name & Address: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Teacher's Email Address: \_\_\_\_\_

Teacher's Contact Phone Number: \_\_\_\_\_

Please list 3 strengths you have observed in this child:

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Please list 3 concerns you have about this child:

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Please share additional information that would be helpful to know about this child (health issues, family information, speech concerns, social/emotional development, self-control, separation issues)

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*Preschool/Child Care Personnel please return to EGRPS District Office  
or email to Shannon Pontius, District Registrar at [spontius@egrps.org](mailto:spontius@egrps.org) by March 1, 2019*