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Child Introduction Sheet

Child's Name _____
First Middle Last

Nick Name _____ Date of Birth ____ / ____ / ____ Sex _____
Address _____ City _____ Zip _____

Does your child live with: both parents one parent other adult _____
(please specify)

Mother's Name _____ Father's Name _____

Names and ages of brothers: _____

Names and ages of sisters: _____

Pets (name and type) _____

Do you attend worship services? _____

If yes, what is the name of your place of worship? _____

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