



What language do you speak at home? \_\_\_\_\_

Can your child speak and understand English? \_\_\_\_\_

If your child has not been enrolled in a school system, what group experiences has your child had: Preschool? Family Day Care? Playgroup? Other Afterschool experiences?

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What do you hope your child gains from this program?

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Have there been any major changes in your family routine during the past year? A new baby? Moving? Accident or injury to your child or other family member?

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How does your child usually respond to a new experience? Shy? Assertive? Please describe.

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What do you find most effective in calming your child when he/she is upset?

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What activities does your child like best? Favorite Toys/Games/Songs/Activities

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Does your child have any special dietary concerns? Yes \_\_\_ No \_\_\_ If yes, please explain\_\_\_\_\_

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Does your child have any allergies i.e. asthma, hay fever, insect bites, medicine, food, reactions? Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Does your child take any regular medication? Yes \_\_\_ No \_\_\_

Will they need to be administered during the program hours? Yes \_\_\_ No \_\_\_  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Does your child have any special needs or disabilities (health, physical, emotional)?  
Yes \_\_\_ No \_\_\_ If so, please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have an IEP (Individual Education Plan)?  
Yes \_\_\_ No \_\_\_ If yes, please see the attached Request for Information Release Form.

Does your child need individual attention for certain activities? Yes \_\_\_ No \_\_\_  
If yes, in what activities does your child need special attention or assistance? Please  
explain.

\_\_\_\_\_  
\_\_\_\_\_

What additional aspects of your child's physical and/or emotional development would  
you like our staff to know about?

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Additional Comments:

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**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_