

Does your child have any difficulty in speaking? _____

Special words your child uses to describe their needs? _____

What word is used for urination? _____ Bowel movement? _____

Has your child had experiences with: Clay _____ Scissors _____ Painting _____ Blocks _____

Does your child have any needs requiring special attention? _____

Do you have any special resources or skills to offer our children or teachers?

What language is spoken at home? _____

Are child's parents:

Married _____ Living together _____ Living Apart _____ Divorced _____

Natural Parents _____ Foster Parent/Guardians _____ Step Parent _____

Please list the names and ages of siblings:

Do these siblings reside with you? _____

Is there anyone we can thank for your enrollment? _____

Please share with us the reason(s) you have chosen our program: _____

Is there anything you want your child's teacher to know? _____
