

Child's Name (First, Middle, Last) \_\_\_\_\_

Does your child have any health problems? Please include allergies here.

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What do you want your child to be called at school? \_\_\_\_\_

What name do you want your child to learn to write? \_\_\_\_\_

Parent/Guardian's Name(s):

Mom: \_\_\_\_\_

Dad: \_\_\_\_\_

Other (Please specify relationship): \_\_\_\_\_

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Child's Siblings (Please check if they live together):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Family Pets (Names and type of animal): \_\_\_\_\_

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**Address where your child lives (primarily) and with whom do they live:** \_\_\_\_\_

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**Has your child had any other preschool, playgroup or organized class experience?** \_\_\_\_\_

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**Does your child have any difficulties with speech? Please explain.** \_\_\_\_\_

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**What are your child's interest?** \_\_\_\_\_

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**Is your child afraid of anything?** \_\_\_\_\_

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**What responsibilities does your child have at home?** \_\_\_\_\_

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