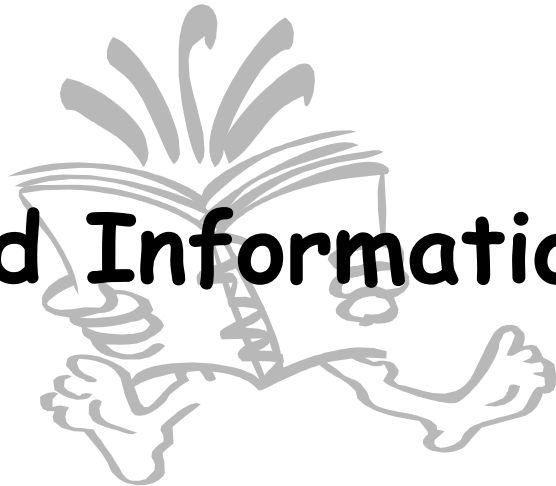




Child Information



I. Child's health

Please list below any special problems or needs that your child may have such as seizures, allergic reactions, asthma, etc. that would be helpful for the staff to know while the child is in our care. **If none, please write none.**

Please list below any existing illnesses, long-term medications, previous serious illnesses and injuries, any disabilities and any hospitalizations during the past 12 months. **If none, please write none.**

Additional comments regarding child's health:

II. Personal Information

Please check any of the following that pertain to your child. This is for teacher information in order to understand your child better.

Right handed ____	Strong-willed ____	Prefers to play alone
Left handed ____	Talks well ____	_____
Impulsive ____	Listens well ____	Fear of anything (list)
Restless ____	Prefers to play in	_____
Shy ____	groups ____	

Please list any additional information that would help us know your child better.

My signature below affirms that my child has been examined by a physician in the last year and has been assessed as being able to participate in a preschool program.

Parent Signature _____ Date _____