

Family Information

Brothers and / or sisters (please indicate ages and whether they live with the child)

Please list any other persons living with the child and their relationship (if any) the child

Personal History

Is the child right-handed or left handed? _____

Has the child had a previous group or preschool experience? _____

If so, where and when? _____

Please list any allergies the child may have _____

Are there any medical problems of which we should be aware? _____

Toilet habits: what words does your child use for toileting? Does the child have any bowel or bladder irregularities?

Are there any special foods or eating instructions? _____

Please supply any additional information that may help us relate to your child, such as discipline, child's communication, comforting, and so on:

Please circle your child's T-shirt Size: XS SM MED LG

PARENT SIGNATURE _____