

## BACKGROUND INFORMATION

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent's E-mail Address \_\_\_\_\_ DOB \_\_\_\_\_ Entering age \_\_\_\_\_

Mother's Name \_\_\_\_\_ Living at home? \_\_\_\_\_

Father's Name \_\_\_\_\_ Living at home? \_\_\_\_\_

Sibling's (names and ages) \_\_\_\_\_  
\_\_\_\_\_

Other household member's \_\_\_\_\_

Toilet trained? \_\_\_\_\_ Takes care of bathroom needs? \_\_\_\_\_

Dresses self after bathroom? \_\_\_\_\_ for outside? \_\_\_\_\_

Food restrictions? \_\_\_\_\_

**Allergies?** \_\_\_\_\_

Previous group experience? \_\_\_\_\_

Will your child play well alone? \_\_\_\_\_

Would your child enjoy:  
playing in water \_\_\_\_\_ with sand \_\_\_\_\_ using messy materials (clay, paint,...) \_\_\_\_\_

dancing and games \_\_\_\_\_ singing \_\_\_\_\_ listening to stories \_\_\_\_\_

Is your child used to climbing? \_\_\_\_\_

Are there any habits, mannerisms, or unusual names for things your child has that the teacher should be made aware of? \_\_\_\_\_

Is there a day on which you could not participate? \_\_\_\_\_

Names of possible classroom participators \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_