

Child's Information

Child's Allergies:

Childhood diseases and/or hospitalization your child has had:

Is child adopted? _____ Yes _____ No

Does child play with other children? _____ Yes _____ No

Has child spent time away from parents? _____ Yes _____ No

For how long? _____

Does family attend a church? _____ Yes _____ No

Which one? _____

Does child attend a Sunday School Class? _____ Yes _____ No

Has child attended preschool or daycare? _____ Yes _____ No

If yes, where did child attend and for how long? _____

What method of discipline is used in your home?

Does your child have any personality traits that we may need to know in order to help him/her adjust to our program? _____

Does your child have any hobbies, talents, or special interests? _____

Any speech difficulties? _____ yes _____ no If yes, please explain _____

Is your child in a speech class at this time? _____ yes _____ no