

Child's name: _____ Boy/Girl (circle one)

I would like for my child to be called: _____

Birthdate: _____

Please indicate if your child shows evidence of, or has been diagnosed with, any of the following. Explain details on the line:

Speech impediment	NO	YES	_____
Hearing impairment	NO	YES	_____
Small motor delay	NO	YES	_____
Large motor delay	NO	YES	_____
Developmental delay	NO	YES	_____
Attention Deficit Disorder	NO	YES	_____

Does your child exhibit any of the following behavioral traits that we should be aware of?

Difficulty in group situations	NO	YES
Difficulty controlling anger	NO	YES
Difficulty sharing with other children	NO	YES

Has your child had experience in "drop-off" group situations where his/her parent is not present? (example-day care, Mom's morning out program, playgroup) NO YES

Is your child bi-lingual? NO YES If yes, what is the other language spoken: _____

Is there a special custodial arrangement or legal guardianship for your child? NO YES (If yes, please explain. Also, Avenue Preschool will need a copy of the custodial/guardianship paperwork for your child's records.)

Do you have any questions or concerns about your child's development?

Please tell us about your child (ie. likes, dislikes, siblings, friends, hobbies, etc):

(Please feel free to elaborate on any of the above questions using the back of this paper.)

Thank you for helping us to better know your child, allowing us to make their transition to Preschool an easier and more enjoyable experience!