

In case of emergency, what doctor would you prefer us to call?

Doctor's Name _____ Number _____

Dentist's Name _____ Number _____

Please list any known allergies and reaction _____

Please tell us about any family situations which you feel may help us to understand and work with your child. (Examples may include: parent travels for job, new sibling, divorce or separation, death in family, etc.) _____

Please share some characteristics of your child. Include strengths and weaknesses, special interests, fears, anything that makes your child unique, etc. _____

Are there any talents, skills, hobbies, or career information that you or family members might share with us? _____

Does your family attend church? _____ If so, where? _____

How did you hear about our program? _____

Parent Signature

Date

