

Does your child have food or other allergies? Please explain.

Does your child have medical conditions, special needs, developmental delays or behavioral issues? Please explain.

Does your child play with children other than siblings?

Has your child been in a structured group experience without you before?

Does your child have difficulties with any of the following? (Please write Yes or No)

_____ Walking _____ Talking/Speech _____ Eating _____ Toileting _____ Separation

If answered "Yes" to any of the above, please explain.

When your child is upset, what is the best way for a staff member to comfort them?

Does your child typically respond positively to touch by non-family members? YES NO

Is there anything else you would like us to know?



PERMISSION TO PARTICIPATE IN ACTIVITIES:

I give permission for my child to use all the play equipment and participate in all activities at LUMC
Preschool/CDO.

YES NO

I give permission to photograph, audio tape, or video tape my child during school activities by LUMC
Preschool/CDO staff members.

YES NO

Parent Signature _____ Date _____