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Does your child enjoy spending time with other children?  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

What activities does your child enjoy? \_\_\_\_\_  
\_\_\_\_\_

How do you discipline your child? \_\_\_\_\_  
\_\_\_\_\_

Please provide any other information relating to your child that would be helpful in understanding and caring for your child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Parent / Guardian Signature	Printed Name	Relationship	Date
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