

1. To the best of your knowledge does your child have:
Sight, speech, or hearing difficulties: yes_____ no_____
If checked yes, please explain _____

2. Has your child had any emotional upsets lately that would affect his/her behavior?
(move, new baby, surgery, etc.)

3. What responsibility does your child take for going to the bathroom?**
_____Full _____needs help with clothing _____needs reminding
Are there any irregularities or problems connected with going to the bathroom?

- **YOUNG AGES SCHOOL classrooms are not equipped with diaper changing facilities, so your child must be out of diapers and/or pull-ups before beginning YOUNG AGES SCHOOL.**
4. What experience has your child had away from parents? _____

5. Please tell us anything about your child that might help us know him/her better and better provide for his/her needs (personality, favorite toys, peer relationships, Discipline, **fears**, etc.) _____

6. How did you become aware of Young Ages Preschool _____

I verify that all information on this form is true, correct and complete.

SIGNED _____ **DATE** _____
Parent or Legal Guardian

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)514-0383 (TTY).