

Date: _____

Child's Name: _____

First Middle Last Preferred

Date of Birth: _____ Place of Birth: _____ Gender: ___ M ___ F

Home Address: _____

Street City Zip Code

Parent Information:

Father's Name: _____ Employer: _____

Address: _____ Work Phone: _____

Mother's Name: _____ Employer: _____

Address: _____ Work Phone: _____

Please give us additional information about your child. Feel free to give as much information as you would like. Use additional paper as needed.

1. Please describe your child's previous group experiences.

2. What do you consider your child's greatest strengths?

3. What do you consider your child's greatest weaknesses?

4. Does your child have any special development, educational, or medical needs?

5. What are your child's favorite activities and interests?

6. In an ideal school for your child what types of things would you see happening?

7. What are some of your interests? Please list any special skills or resources (great or small) that you might want to share with your child's class.
