

Does your child have any emotional or other medical problems we should know of? _____

If yes, please explain: _____

EXAMPLES: Speech _____ Bathroom Problems _____ Fears _____

Temper Tantrums _____ Diabetes _____ Eating _____

Nosebleeds _____ Asthma _____ Other _____

Has your child been identified as needing any special services? (Ex. speech, O.T., P.T.) _____

Please explain: _____

Do you anticipate any difficulties in your child's adjusting to a new group situation? _____

Please list any other group experience your child has had. (Ex: day care, nursery school, church school, library, play groups)

Please provide any additional information you think the staff might find valuable in working with your child. **Example:** favorite activities, special likes or dislikes, shy in groups, etc.

Kind of pet(s) and names: _____

Why do you want to send your child to nursery school? _____

How did you hear about O.D.N.S or who recommended it? _____

Name and address of other parent(s) who might be interested in an application form: _____
