

15. Please describe any dislikes, fears, or phobias you child may have.

16. Please describe any unusual toilet habits your child may have.

17. Has your child attended preschool or daycare prior to GNS? If so, please describe previous experience. _____

18. Do you have any special hobbies or interests to share with children?

19. Do you have any concerns or questions about any aspect of your child's development?

(physical, social, emotional, intellectual) _____

20. What do you hope will be included in your child's preschool program?

21. How would evaluate your child's personality? (circle traits that apply)

Happy	Aggressive	Friendly	Moody
Dependent	Stubborn	Impulsive	Fearful
Sleepy	Even-Tempered	Attentive	Sympathetic
Good-Natured	Shy	Quiet	Clumsy

22. Comments: _____

23. Is there anything else you feel that we should know about your child?

(Signature of Parent)

(Date)