

17. List any physical or medical disorders that your child may have (i.e. allergies, hearing/speech problems, special medications) in order that we may be alerted to problems which might arise.

In case of extreme emergency, if parents or family physician cannot be contacted, your signature on this registration form gives permission for a representative of Holy Nativity Episcopal Pre-School to accompany your child by ambulance to the nearest hospital emergency room.

CHILD'S SOCIAL INFORMATION

18. List any fears your child has that you feel is important for us to know.

19. List daily playtime activities your child enjoys. _____

20. Is your child content to spend time playing alone? _____

21. Does your child have other children near home as playmates? _____

22. Does your child have an attachment to a blanket or toy? _____

23. Is there any other information about your child that would help us provide a warm, happy experience.
If any, please list

24. Do you have hobbies, special interests, or vocation you would enjoy sharing with the children? (i.e. painting, pottery, cooking)

25. How did you learn about Holy Nativity Episcopal Preschool?
