

FAMILY INFORMATION FORM (information provided will help us provide the most inclusive experience for your child)

Names and ages of other children in the family:

Adults in the home? Name and relationship:

Is your child being raised in a religious tradition? ___Yes ___No
If yes, which one(s)_____

Child's primary language: ___English ___Other:_____
Bilingual? ___Yes ___No

Do you anticipate your child receiving special services during the Great Beginnings day? ___ If yes, please provide details.

Is there anything you would like us to know about your child that would help us to provide the best possible experience for him or her?

What would you like your child to get out of this year in an early childhood program?

PERMISSION:

I hereby give my permission for my child to accompany their Great Beginnings class on neighborhood walks and local walking field trips.

(Notice of all excursions will be posted at the school.)

Name_____ Date_____