

FAMILY INFORMATION FORM

Names and ages of other children in the family:

Other adults in the home? Name and relationship:

Church or religious affiliation_____

Child's primary language: ___English ___Other:_____

Do you anticipate your child receiving special services in nursery school? ___ 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 his/her Great Beginnings class on walks and local walking field trips. (Notice of all excursions will be posted at the school.)

Name_____ Date_____