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Parent One Information				

Parent One Information			
Full Name:		Relationship to child	d:
Home Phone:	Work Phone:	Cell Phone:	
Mailing Address:			Zip:
Residence Address:			Zip:
Bank to the			Lives with Child? ☐ Yes ☐ No
Paront Two-Information,			
Full Name:		Relationship to child	d:
Home Phone:	Work Phone:	Cell Phone:	
<u> </u>			Zip:
			Zip:
Email Address:			Lives with Child? ☐ Yes ☐ No
What language is spoken to your child	l most often?	By whom?	
What other languages are spoken in t	he home?	By whom?	
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Name and Address of Childcare/Preschoo
How did you hear about us?

What are your main concerns regarding your child?

Please provide information below about any services your child has received:



Information about Development and Learning

Walks independently	this most of the time. Uses playground equipment			
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Throws an object overhand	explain):			

Self Help: Eating, dressing, toileting skills Please check the boxes if your child can do this most of the time. Company to the Company of the Compan ☐ Takes off simple clothing ☐ Is working on toilet training ☐ Uses a regular cup independently ☐ Is toilet trained ☐ Puts on simple clothing What should we know about your child's self help skills? Please check the boxes if your child can do this most of the time. □ Shares ☐ Can calm or sooth self when upset ☐ Takes turns ☐ Plays alongside other children ☐ Follows simple directions ☐ Plays with other children Dlave anatonal on modes haliane