



Does your child have food or other allergies? Please explain.

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Does your child have medical conditions, special needs, developmental delays or behavioral issues? Please explain.

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Does your child play with children other than siblings? \_\_\_\_\_

Has your child been in a structured group experience without you before? \_\_\_\_\_

Does your child have difficulties with any of the following? (Please write Yes or No)

\_\_\_\_\_ Walking    \_\_\_\_\_ Talking/Speech    \_\_\_\_\_ Eating    \_\_\_\_\_ Toileting    \_\_\_\_\_ Separation

If answered "Yes" to any of the above, please explain. \_\_\_\_\_

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When your child is upset, what is the best way for a staff member to comfort them?

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Does your child typically respond positively to touch by non-family members?    • YES    • NO

Is there anything else you would like us to know? \_\_\_\_\_

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**PERMISSION TO PARTICIPATE IN ACTIVITIES:**

I give permission for my child to use all the play equipment and participate in all activities at LUMC  
Preschool/CDO.

• YES                      • NO

I give permission to photograph, audio tape, or video tape my child during school activities by LUMC  
Preschool/CDO staff members.

• YES                      • NO

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_