

## Additional Information

PERSONS AUTHORIZED TO PICK UP CHILD FROM CENTER: Any changes in this list must be received in writing.

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Days of Attendance: M T W Th F (Circle)

FAMILY AND HOME INFORMATION: The following questions are optional. The information provided will give us a better understanding of your child and aid us in caring for individual needs.

Does the child live with....

Both Parents \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_

Brothers and sisters: Name                      Age                      Grade and School

_____	_____	_____
_____	_____	_____
_____	_____	_____

Is the child adopted: \_\_\_\_\_ At what age? \_\_\_\_\_ Has the child been told? \_\_\_\_\_

### GENERAL

Child shows a preference for: Right hand \_\_\_\_\_ Left hand \_\_\_\_\_ Neither \_\_\_\_\_

Describe your child's personality and behavior.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What guidance/ discipline measures do you use at home?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail address \_\_\_\_\_

How did you hear about Joyland Preschool? \_\_\_\_\_