

Personal Information

How does your child relate to other children? _____

What kinds of group experiences has your child had? _____

How does your child relate to adults? _____

Does your child have any particular fears we should be aware of? _____

Are there certain situations that anger your child? _____

Health

Does your child have any dietary restrictions or allergies? _____

Physical handicaps? _____

Have there been any serious illnesses or hospitalizations? If so, please describe.

Other

Has your child chosen a hand preference? Right _____ Left _____ Not Yet _____

What is your child's concept of God? _____

How (or from whom) did you hear about Kidnect? _____

Any additional information that we need to know: _____
