

Relationship with adults: Please describe characteristic behavior and past experiences with adults, including any behavior noted in new situations and your suggestions about making his or her adjustment to our Center a smooth one. _____

Do any of the following describe your child at least in part? Please circle as many as you think are appropriate.

- Bed-wetter
- Worries
- Leader
- Prefers to be alone
- Orderly
- Discouraged easily
- Consistently short attention span
- Fearful (of what?) _____
- Has nightmares
- Self-reliant
- Jealous (of what?)
- Likes to play with others

- Easily influenced by other children
- Excitable
- Difficulty with changes in routine
- Sudden mood changes
- Easily angered
- Cautious
- Quiet
- Prefers to be with children
- Prefers to be with adults
- Has tantrums
- Is active
- What two words would you use to describe your child (Not listed above)?

How are discipline problems handled at home?

Does your child use a favorite object for comfort? (Blanket, stuffed toy, thumb)

Comment here about any behaviors concern you _____

What goals do you have for your child that might be furthered by his or her experience at the Milford Mill Church CDC?

If there is any additional information which will help us to plan your child's program, please tell us about it in the following space. _____

TRIP PERMISSION

I understand that field trips are part of the CDC program from time to time. My child, _____ has my permission to accompany his or her group on any trips planned during the current year.

Date Parent/Guardian Signature