

If we cannot reach you by phone, who is to be called in case of an emergency? (Name & Tel. No.) _____

What is the Primary Language spoken in your home? _____

Members of Household (including child)	Age	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any concerns about your child in the following areas?

	YES	NO	PLEASE EXPLAIN
SPEECH	_____	_____	_____
BEHAVIOR	_____	_____	_____
VISION	_____	_____	_____
HEARING	_____	_____	_____
PHYSICAL	_____	_____	_____
CONDITION	_____	_____	_____
GROWTH/ DEVELOPMENT	_____	_____	_____

Is there anything more about your child that would be helpful for us to know?

