



Student Name _____

Lil' Voyagers Student Information Form School Year 2018-2019

ABOUT YOUR CHILD

Does your child have ALLERGIES? _____ (Allergy Action Plan Available from Director)

Explain _____

Is your child taking MEDICATION regularly? _____

Explain _____

Does your child have a DISABILITY the school should know about? _____

Explain _____

What are your child's special interests?

Does your child have a favorite snack food?

Does your child have any fears or problems the school may need to know about?

What are the names and ages of the child's siblings?

What is your child's religious affiliation?

Does your child have a regular nap schedule? _____

Time _____ Duration _____ Special Needs _____

What toilet training stage is your child currently in?

Not Interested _____ Beginning _____ (are boys learning to stand or sit-please circle one)

Few Accidents _____ (wakeful or sleeping times – please circle one)

Mastered / No Accidents _____

****We recommend that children 3 years and older by September 1st be toilet trained to enroll. Please notify*

*Director if 3 year old is not trained. ****

Is your child right-handed _____ left handed _____ not established _____

How did you hear about our program? _____