

Does your child have allergies and/or other medical conditions? _____ yes _____ no

If yes, please explain: _____

Is your child potty trained? _____ yes _____ no

Please describe your child's potty habits that may be helpful to his/her classroom

teacher: _____

Does your child currently nap? _____ yes _____ no

Is your child shy and/or apprehensive to join group activities? _____ yes _____ no

If yes, please list any special tactics or comfort objects you use with your child to make

him/her at ease: _____

Please provide any additional information you would like the program to be aware of

concerning your child: _____

If you would like more information on the programs available at First Baptist Church of Jefferson City please reach out and we can provide you with more information.