

GMCS Information Form
School Year 2023-2024

Child's Name: _____ Nicknames: _____

Allergies: _____ . Dietary Restrictions: _____

Please list your child's sibling's names & their ages: _____

Please list names & types of family pets: _____

Has your child previously attended a child-care program? If so, what was their experience: _____

Briefly describe your child: _____

Please describe any fears your child has: _____

What comforts your child when she/he is upset? _____

What are your child's favorite activities? _____

Are there any family circumstances you would like us to be aware of (i.e., blended family, two households, etc.)?

Please describe your child's health issues we need be aware of: (e.g., chronic illness, asthma, allergies to medication, hypersensitivity to insect stings, etc.): _____

Describe any behavioral or learning concerns you may have: _____

Does your child need a nap? **Yes** **No**

Please give details (e.g., normal duration, time, etc.):

How did you hear about us? _____

Any additional information: