



In order that we may provide the best learning environm questions honestly and thoroughly.  Please note – the registration form is not complete until	-	-	-	_
Child's name:				
Does your child have any allergies to foods, animals, me of?	edicines, medi	cal conditions	s, etc. we should	be aware
Does your child have any fears about which we should k routines, strangers, animals, storms, loud noises, etc.)	know? (for exa	ample: separat	ing from parents	s, changing
Has your child been in any social experiences outside of about that experience (location, duration, etc.).	f your home (d	laycare, etc.)?	If so, please tel	l us a little
Does your child have any close friends or relatives attentand their current grade levels?	ding Saint Pat	rick School?	If so, what are the	heir names
Please rate your child's current comfort level in the bath	room. Ch	nildren must	be potty-traine	d to attend.
	Never	Rarely	Most of the time	Always
Verbalizes when he/she needs to use the bathroom.				
Fastens/unfastens, buttons, snaps, zippers independently.				
Cleans private areas independently and thoroughly.				
Washes/dries hands after bathroom use.				
Acknowledges when an "accident" occurs.				
Please list any questions, concerns, or suggestions you h	nave.			
Parent Name (Print):				
Tarchi Ivanic (Timi).				