



In order that we may provide the best learning environment possible for your child, please answer the following questions honestly and thoroughly.

Please note – the registration form is not complete until this form is returned to the school office. Please print.

Child's name: \_\_\_\_\_

Does your child have any allergies to foods, animals, medicines, medical conditions, etc. we should be aware of?

Does your child have any fears about which we should know? (for example: separating from parents, changing routines, strangers, animals, storms, loud noises, etc.)

Has your child been in any social experiences outside of your home (daycare, etc.)? If so, please tell us a little about that experience (location, duration, etc.).

Does your child have any close friends or relatives attending Saint Patrick School? If so, what are their names and their current grade levels?

Please rate your child's current comfort level in the bathroom. **Children must be potty-trained 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 have.

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_