

***GMCS Information Form***  
**School Year 2021-22**

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: