



APPLICATION/INFORMATION FORM

Student Information:

Child's Full Name _____ Name used at school _____

GWG Class(es) registered for _____

Birthdate _____ Boy _____ Girl _____

Preferred email address for school use (please print legibly)

Address _____

Family Information:

Mother/Guardian _____ Cell Phone _____

Father/Guardian _____ Cell Phone _____

Marital Status Married _____ Separated _____ Divorced _____ Widowed _____

Siblings and ages _____

Other members of household _____ Pets _____

Has your child attended any previous early childhood programs & if so where did they attend?

What are your child's special interests/favorite things to play?

Is your child receiving any special services? (ie. speech therapy, physical therapy etc.) If yes, please explain.

Is your child potty trained? Yes _____ No _____ If yes, for how long? _____

Does your child have any behaviors/characteristics that you would like our staff to know?

Church you attend, if any _____

Kindergarten your child will attend _____

What are your expectations of this program/How can the GWG staff best help your child this year?