

THE
BENDING
WILLOW
ACADEMY

Getting to Know Your Child

Child's name:

Child's birthdate:

Parent names:

Allergies:

Medications: (if necessary for us to know to participate in the program)

How does your child handle separation?

What comforts your child?

Do they have any fears we should know about?

Likes:

Dislikes:

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Does your child have social/emotional/mental concerns or disabilities we should be aware of:

What do you hope to get out of this program for your child:

Please share with us any other information you feel is relevant or helpful:

Emergency Contact Info:

Contact 1:

Phone:

Relationship to child:

Contact 2:

Phone:

Relationship to child: