

SUPPLEMENTAL REGISTRATION FORM

Child's Name _____

DOB _____

Program 2020/2021 _____

Home Language _____

What is your child's previous group experience?

School _____

Camp _____

Play Group _____

Briefly describe your child's personality:

Is your child currently receiving special education services (ie speech, occupational therapy, SEIT, physical therapy)? If so, please describe.

Do you have any concerns regarding your child's development?

What do you wish for your child's school/camp experience?
