



## Student Background Sheet

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Nickname (if applicable): \_\_\_\_\_ Gender: \_\_\_\_\_

Family members in the household:


Who will be responsible for delivery and pick-up of your child?

Are there any special circumstances that may be a factor in your child's development or behavior?  
(eg. *premature birth, sensory processing disorder, speech or motor delay, divorce, recent move, etc.*)

Does your child have any allergies? If so, please list:

Has your child had previous playgroups, preschool, or child care experiences?

What is your child's favorite activity or toy to play with at home?

What would you like your child to gain from their time here at PIV?

Is there anything else you would like to share with us about your child?

Parent or Guardian's signature: \_\_\_\_\_

Today's date: \_\_\_\_\_