

# Parent ~ Child Twos Class Registration

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female

Address: \_\_\_\_\_  
Street City State Zip

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

*To help us understand you and your child's needs please note any allergies/special needs and services or IFSP:*

Please explain any stepfamily relationships: \_\_\_\_\_

How does your child get along with siblings? \_\_\_\_\_

How does your child get along with adults? \_\_\_\_\_

How does your child get along with peers? \_\_\_\_\_

What activities does your child particularly enjoy? \_\_\_\_\_

Does your child have any eating issues? Yes No If yes, please explain: \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

What are you hoping to get out of this class? \_\_\_\_\_

**Parent/Guardian Signature**

**Date**