 **Registration Packet**

**Academic Year 2025 - 2026**

**&**

**Summer Camp 2026**

Deep Run Baptist Church

10907 Three Chopt Road

Henrico, Virginia 23233

Phone: (804) 270-0351

Email: [cdcdeeprun@gmail.com](mailto:cdcdeeprun@gmail.com)

deepruncdc.wixsite.com/drcdc



**Deep Run Child Development Center**

I am registering my Child/Children for the following program: School Term: Please check both if both apply

**Academic Year Summer Camp**

Is your child Potty Trained? (Does not require Pull-Ups or Diapers) **Yes** **No In Training**

Full Time care M-F

Part time Care (Full Days) Requested Days Mon Tue Wed Thu Fri

Half Days – (8:30-12:30 preschool only) Requested Days Mon Tue Wed Thu Fri

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name child prefers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male Female

Address of Primary Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Previously attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Household information:**

Parent/Guardian 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_

**Secondary Household Information:**

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*A Registration and Activity Fee will be charged for the Academic year August 1st.**

**\*An additional Activity Fee will be charged to your account June 1st for Summer Camp.**

I will be registering my child for the following program and agree to pay tuition for the rate disclosed.

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Deep Run Child Development Center**

**Health & Emergency Information Record**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

Mothers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Fathers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_

Does your child have any long-term medical conditions that will affect his/her daily routine?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any special circumstances which may be a factor in your child’s present behavior (divorce, death, new baby, recent move, hospitalization, etc.)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Hospitalizations/surgeries/illness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication taken on a regular basis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have: Frequent colds? \_\_\_\_\_\_\_ Earaches? \_\_\_\_\_\_\_ Stomach aches? \_\_\_\_\_\_\_

Does he/she vomit easily? \_\_\_\_\_\_\_ Tonsillitis? \_\_\_\_\_\_\_ Asthma? \_\_\_\_\_\_\_ Hay fever? \_\_\_\_\_\_\_

Hives? \_\_\_\_\_\_\_ Allergic to bee stings? \_\_\_\_\_\_\_ Other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child allergic to:

**EPI PEN Required**

**YES NO**

Food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Environmental/Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last Tetanus booster: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Emergency Contacts if Parents/Guardians listed above are unavailable: (Please list local contacts only)***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pick-Up/Drop-Off Authorization**

The following people have permission to pick up my child:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_

***The following persons DO NOT HAVE PERMISSION to pick up my child:*** A copy of the Court Order must be on file at Deep Run.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deep Run Child Development Center**

Deep Run Child Development Center (CDC) is open to children ranging from 12 months old through the 5th grade, to help them grow and develop emotionally, socially, physically, academically, and spiritually. Deep Run CDC operates as a religious exempt childcare center, located in Deep Run Baptist Church. Deep Run CDC is inspected by the local health, fire, and building inspection departments, as well as the Virginia Department of Education. Deep Run CDC is a nonprofit entity established to provide affordable Christian care for your children.

**Registration Information**

Enclosed you will find a registration form and guidelines for registering. By completing these forms and paying the registration fee and activity fee you will secure your child’s spot. Children, even those currently enrolled, must be re-registered at the start of the Academic Year.

* A registration fee of $100 and an activity fee of $100 is due each Academic Year for each child, as well as an activity fee of $100 for the Summer Camp. These fees are non-refundable with the exception of the activity fee; which can be refunded on a prorated basis if the child leaves the Program within 3 months of enrollment. Children will be enrolled on a first come/first served basis. Your child will not be enrolled in a class until the fees have been paid.
* A copy of the child’s certified **Birth Certificate** must be provided before your child can start.
* A **completed *School Entrance Health form*** must be provided before your child can start. No student will be permitted to be enrolled without proper immunizations, or proper exemption paperwork.
* Deep Run CDC does not supply lunch. We supply morning and afternoon snack. We ask that your child bring a lunch that does *not need to be heated*, and that does not contain any nut products, soda, or glass bottles.
* Items to bring must be **labeled**:
  + **Diapering Supplies** (diapers or pullups, wipes, cream, etc.)
  + **Change of clothes** (labeled with child’s name)
  + **Nap Supplies** (blanket/sleeping bag, crib sheet – labeled with child’s name)
  + **School Supplies** (markers, crayons, glue sticks, disinfectant wipes, baby wipes, tissues & paper towels) Each teacher will have a list specific to the age group of children.

**Discounts Offered Though Deep Run Child Development Center**

**Multiple Child Discount:**

Discounts are given to families with more than one child enrolled at the same time. The family will receive a $10 discount off weekly tuition for each additional child enrolled. Activity fees and registration fees will not be discounted.

**Deep Run Baptist Church Member Discount:**

Any child whose parent/guardian is a member of Deep Run Baptist Church will receive a $10 discount off weekly tuition.

**Vacation Discount:**

Each student is allowed two weeks at half price of the weekly rate for vacation.

**A logo for a child development company

Description automatically generated**

**Deep Run Child Development Center Tuition 2025-2026**

**ACADEMIC YEAR**

**Registration Fee $100 Curriculum Fee $100**

|  |  |  |  |
| --- | --- | --- | --- |
| **Programs** | **Toddlers\*** | **2.5 & Up**  **Not Potty Trained** | **Preschool** |
| Full time (four or more days per week) | $300 | $240 | $220 |
| Three full days per week | N/A | $200 | $190 |
| Five half days per week\* | N/A | $190 | $180 |
| Three half days per week \* | N/A | $140 | $130 |

\*(half day = 8:30am - 12:30pm)

|  |  |
| --- | --- |
| **After School** | **3:00 PM-6:00 PM** |
| School-aged | $130\* |
| \*School Closed Fee $10/day in addition to weekly rate |  |

\*\*\*Based on availability- due on day of attendance; no other fees apply

**SUMMER CAMP**

**New Enrollment $100 Activity Fee $100**

|  |  |  |  |
| --- | --- | --- | --- |
| **Programs** | **Toddlers\*** | **2.5 & Up**  **Not Potty Trained** | **Preschool/**  **School-age** |
| Full time (four or more days per week) | $300 | $240 | $220 |
| Three full days per week | N/A | $200 | $190 |
| Five half days per week\* | N/A | $190 | $180 |
| Three half days per week \* | N/A | $140 | $130 |

\***Weekly rate will remain at the Toddlers price until they reach the age of 2 and a half.**

**\*\*Ages 3 and up will remain at the 2 and a half rate until child is fully potty trained, without use of pull-ups or diapers regardless of the child’s age.**

**Deep Run Child Development Center**

**ENROLLMENT AGREEMENT**

By signing the attached copy, you state that you understand the guidelines and procedures involved in the enrollment of your child at Deep Run CDC.

**Tuition and Fees** Tuition Weekly Rate \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ (Initial) Registration Fee of $100 shall be paid with registration packet to enroll my child.

This is an annual fee and is not refundable. Registration is taken upon registering. It is

taken again in August for the Academic Year, regardless of the date of enrollment.

\_\_\_\_\_\_\_\_ (Initial) An Activity Fee of $100 shall be paid upon enrollment. This is a bi-annual fee, per

program, regardless of start date (Academic Year and Summer Camp) and is refundable on

a prorated basis if the child leaves the Program within three months of enrollment.

\_\_\_\_\_\_\_\_ (Initial) I will pay the weekly/monthly/bi-yearly fees according to the rates listed and payments

are due each Monday. *Payment is due for the week whether your child attends or not*. If payment is not received by the close of business on Thursday, a $10 late fee will be charged. If payment is not made by the following Monday, my child may be withdrawn from the program and further collection actions will be pursued. All activity fees are deemed late if not paid the month in which they are charged. (June for Summer and August for Fall).

\_\_\_\_\_\_\_\_ (Initial) Each student is allowed two weeks at half price of the weekly rate for vacation. When

using a vacation week, I will give at least two weeks’ notice. I understand that a vacation week is ½ of the current weekly tuition.

\_\_\_\_\_\_\_\_ (Initial) Late Pickup - I will be charged $3 per minute if my child is not picked up by the

designated closing time (for a normal operating day and earlier on specified days/holidays).

\_\_\_\_\_\_\_\_ (Initial) To end enrollment of this child, a **written two-week PAID notice** is requested. If no

notice is given, you will be charged your normal tuition for those weeks whether your child attends or not.

**Daily Procedures**

\_\_\_\_\_\_\_\_ (Initial) I understand that if my child is here for lunch, I am responsible for supplying my child

with lunch. Deep Run CDC is a “NO NUTS” school. We ask that you send lunch items that do not need to be heated, NO NUTS or items containing nuts, and no soda or glass bottles be packed. Should CDC have to provide my child’s lunch there will be a fee of $5.

\_\_\_\_\_\_\_\_ (Initial) I understand the center will be closed for the following holidays: Thanksgiving Day &

the day after, **One week for Christmas**, 1 day for New Year’s, 2 days for Easter, 1 day for Memorial Day, 1 day for Independence Day, 1 day for teacher workday in August and 1 day for Labor Day. **Tuition is still charged for closed days. Half rate will be charged for the week of Christmas.**

\_\_\_\_\_\_\_\_ (Initial) Deep Run CDC agrees to notify the parent/guardian whenever my child becomes ill,

and it is my responsibility to make arrangements to pick up my child promptly. I also understand that I need to notify Deep Run CDC if my child develops any reportable communicable diseases or life-threatening diseases, this includes Covid signs or symptoms. Tuition will still be required during closures or absences due to Covid.

\_\_\_\_\_\_\_\_ (Initial) Children are not permitted to attend if they are deemed ill by Deep Run Staff. If

children are unable to participate in daily activities parents will be called for pick up. Illness includes, fever, throwing up, diarrhea, green discharge from eyes and or nose continuous cough and or unusual fatigue. If you are called to pick up due to illness children may not return to school the next day.

\_\_\_\_\_\_\_\_ (Initial) Deep Run CDC reserves the right to dismiss any student at any time for any reason.

\_\_\_\_\_\_\_\_ (Initial) I authorize Deep Run Child Development Center to obtain immediate medical care if

any emergency occurs when the parents/guardian cannot be located. I understand that Deep Run CDC will make every effort to contact the parents/guardian and I understand that I will be responsible for the payment of such care or treatment.

\_\_\_\_\_\_\_\_ (Initial) I hereby release Deep Run CDC and all affiliates from all liability and financial

responsibility arising from accidents or mishaps that may occur in connection with the operation of the program, including, but not limited to, transportation to and from elementary schools for the after-school program.

\_\_\_\_\_\_\_\_ (Initial) Deep Run CDC will not administer any medications, except for Epi-Pens and

medications directly related to them. Sunscreen and insect repellent are considered medications and should be applied prior to entering the center.

\_\_\_\_\_\_\_\_ (Initial) Photos and Videos– I authorize Deep Run CDC to take photographs and/or videos

of my child. These pictures or videos may be used for class projects, bulletin boards, newsletters, brochures, slide shows, Facebook, Procare app, CDC website, or other promotional materials.

\_\_\_\_\_\_\_\_ (Initial) The Procare App (Optional) is available to parents to receive updates during the day

of your child’s activities.

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Deep Run Child Development Center**

**Please use this form to help Deep Run CDC get to know your child.**

**Childs Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What are your child’s top three interests? (Ex. Dolls, trucks, blocks, etc.)**

**1.**

**2.**

**3.**

**Do you have any concerns about your child’s present behavior?**

**What are you doing about these concerns?**

**Are there any concerns or information that you would like your child’s teacher to know?**

**Please add any additional comments you feel will help us with your child.**

**In what ways would you like to see your child develop through the course of this program?**

**Is there any special word used, when they need to go to the bathroom?**