



What do you hope to see for your child in the program?

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What kinds of anti-racist actions do you walk in your life? *(Question optional for BIPOC families)*

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Please describe your child's experience outside the home (babysitter, playgroup, playmates, grandparents, etc.): \_\_\_\_\_

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How often does your child watch TV or videos? Use the computer/tablet/iPad? \_\_\_\_\_

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Are there special considerations you have for your child of which we should be aware? (extraordinary events; medical, movement, behavioral, or emotional concerns) \_\_\_\_\_

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Is your child taking any regularly scheduled medications? Please specify (send records where applicable) \_\_\_\_\_

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Has your child ever had any sensory, movement, or REACH evaluations or any emotional or psychological testing?

yes     no    If yes, please describe and attach copies of the report.

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

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Is there anything else you would like us to know about your child? *(Use extra paper if needed)*

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Please tell us how you heard of our program: \_\_\_\_\_

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Parent/Guardian 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

*The Maple Hill Play Garden both seeks to counter historical systemic racism and to promote and embrace diversity in its family and student body. We do not discriminate on the basis of race, color, religion, sexual orientation, or national origin in our admissions or educational policies.*