

# FBC Early Childhood - Welcome to Our Wing

Child's Name:

DOB:

Parent(s) Name:

Phone:

E-mail address:

Emergency Contact:



## ■ Things You'd Like Us to Know About Your Child

Is this your child's first experience in Sunday School?

Strengths

Struggles

What activities does your child enjoy?

How would you describe your child's ability to communicate? Does your child use sign language?

Does your child have any behaviors or fears that we should know about?

Does your child have any Special Needs? How would you describe this to a non-medical caregiver?

*Please share any additional information on the back of this form. Thank You.*