

## REGISTRATION QUESTIONNAIRE

NAME OF CHILD: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
YYYY/MM/DD

1. What does your child like to do?
2. Has your child been to preschool, daycare, or to any other group settings before?
3. Do you have any concerns about your child's social, emotional, mental, or physical development so far?
4. Do you have any concerns about your child's speech? Is your child able to have a conversation with you and follow instructions?