



Great Lakes Christian Preschool

# SPECIAL INSTRUCTIONS

NAME : \_\_\_\_\_

### SEPARATION FROM PARENTS:

Has your child had previous experience away from home?  YES  NO

If YES, explain: \_\_\_\_\_

Do you think your child feels comfortable leaving parents?  YES  NO

If NO, provide information needed to assist your child with the transition to being away from parents.

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

### DIETARY INSTRUCTIONS:

Please list any food restrictions or intolerances: \_\_\_\_\_

If your child has food restrictions or intolerances, please list substitutions: \_\_\_\_\_

Describe any other details about your child's eating habits: \_\_\_\_\_

\_\_\_\_\_

### REST INSTRUCTIONS: (full day children)

Does your child require a nap at school?  YES  NO

If YES, please fill in the length of time you would like your child to nap. Allow \_\_\_\_\_ minutes for sleeping.

Provide any other details we should know regarding rest/quiet time at school. \_\_\_\_\_

\_\_\_\_\_

### TOILETING INSTRUCTIONS:

Great Lakes requires that children be toilet trained; however, children may be at different stages in their independence. Please provide information so that we may help your child the best we can. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PHYSICAL ACTIVITY:

Are there any specific instructions regarding physical activity?  YES  NO

If YES, provide details: \_\_\_\_\_

\_\_\_\_\_

### OTHER:

Describe anything else you would like us to know about your child: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_