

# EBONY'S small steps TO SUCCESS

144-09 256th Street  
Rosedale N.Y. 11422  
(516) 668-1426 • (718) 413-4045

## CONFIDENTIAL INFORMATION CONCERNING APPLICANT'S CHILD

1. Does your child have any chronic health problem? If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Does your child take any medication on a regular basis? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Does your child have any allergies? If yes, name specifically. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Does your child have any fears, and if so, how so you deal with them? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What foods does your child dislike? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What are your child's usual nap times and how long does your child usually nap? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. How well does your child deal with other children and what is your child's temperament? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. If you have additional information concerning your child please list it below. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. How did you hear about our schools?  
\_\_\_\_Advertisement \_\_\_\_Flyers \_\_\_\_Friend \_\_\_\_Word of mouth \_\_\_\_Other referral