

DISCIPLINE AND HABITS

What methods of discipline have you found to be most effective?

How does your child react to controls and correction?

Has your child any fears of which others should be aware of?

FAMILY AND PLAY INFORMATION

What activities does your child enjoy with:

Mother?

Father?

Brothers and Sisters?

How does your child interact/play with other children?

What age and sex are your child's most frequent companions?

Describe the type of imaginative play your child engages in?

Describe the type of independent play your child engages in?

Does your child hear stories? \_\_\_\_\_ By whom? \_\_\_\_\_

What type of play would you describe as being you child's favorite?

OTHER INFORMATION

What would you like your child to gain from the preschool experience?

What School District do you live in? \_\_\_\_\_

Are you considering public or private elementary education? \_\_\_\_\_ Where? \_\_\_\_\_

As parents, list your special interests, hobbies and/or other talents that could be shared with us this year:

How did you first hear about CLEWS?

Referred By:

\_\_\_\_\_  
Mother's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's signature

\_\_\_\_\_  
Date

Did you remember to attach your registration fee made payable to: C.L.E.W.S. ?