



**Confidential Student Information**

4 East Henrietta Road  
Rochester, NY 14620  
(585) 633-8935  
www.ebns.org

**Please bring completed form to the *Mandatory Parent Meeting* in August**

Child's Name \_\_\_\_\_ Circle One: T/TR MWF M-F Nickname \_\_\_\_\_

Parents Names \_\_\_\_\_ Best Phone # \_\_\_\_\_

Address \_\_\_\_\_ Child Birthdate \_\_\_\_\_

Has your child been in a group before? \_\_\_\_\_ For how long? \_\_\_\_\_

What activities does your child enjoy most? \_\_\_\_\_

What activities would you like your child to do more often? \_\_\_\_\_

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

Please describe any physical problems or emotional upsets that the teacher should know about.

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

Any fears? \_\_\_\_\_

\_\_\_\_\_

When might your child become upset? \_\_\_\_\_

\_\_\_\_\_

What helps to reassure your child? \_\_\_\_\_

\_\_\_\_\_

How do you hope your child will benefit from group activities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What attracted you to EBNS? What portions of the EBNS program do you value the most? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any other practical information which would be helpful to the teacher? (please use the reverse side if necessary)

\_\_\_\_\_