

# **Pacific Yearly Meeting - CHILDREN'S PROGRAM 2018**

## **Please Tell Us About Your Child**

The PYM Children's Program strives to create a loving, supportive learning community during our time together. This form will help children's teachers get to know them more quickly and better meet their needs. *Please email your completed form (one per child) to [secrestnm@guilford.edu](mailto:secrestnm@guilford.edu) before **Thursday, July 12th** or bring it with you to the meeting for parents/guardians/sponsors on Friday 3:15pm at Walker Creek. Please also feel free to discuss any concerns in greater depth with the coordinator and/or teachers. See you soon!*

**Child's Name:**

**Nickname / Pronouns:**

**Age (years and months):**

**Parent/Guardian's Name(s):**

**Sponsor's Name (if any):**

**Does your child have any needs not already listed on the "Minor's Medical History & Information" or registration forms? Or that you'd like to emphasize or elaborate on? (e.g., medical, dietary, allergies, mental/physical limitations or needs, etc.):**

**Swimming ability:**

**Tell us about your child's learning style, any learning difficulties, strengths, or interests:**

**Are there any recent losses, changes in home or school environment, or other challenges your child may be dealing with that could affect their experience this week?:**

**Is there anything else you would like us to know?:**

**Please list names of other adults who may sign your child in and out of the program (if any):**