

Pacific Yearly Meeting - CHILDREN'S PROGRAM 2017

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 before Thursday, July 13th 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):