

Name of Session \_\_\_\_\_ Dates \_\_\_\_\_

Name of child \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age at start of program \_\_\_\_\_ Current School Grade \_\_\_\_\_  
(For summer sessions, grade in fall)

**Getting to Know Your Child**

*In order for the teachers to get to know and provide the most successful experience possible, please fill out this form for each of your children/youth and return it by email to:*

[programs@greenacre.org](mailto:programs@greenacre.org)

Parents' names and cell phone numbers:

Father's name \_\_\_\_\_ Cell \_\_\_\_\_

Mother's name \_\_\_\_\_ Cell \_\_\_\_\_

1. Is your child familiar with the three Central Figures of the Faith? Yes  No

2. Bahá'í classes. If your child has attended any, please indicate where and how often?  
In a neighborhood class Yes  No  How often? \_\_\_\_\_  
At a National or Regional School Yes  No  How often? \_\_\_\_\_  
Other – please explain Yes  No  How often? \_\_\_\_\_

3. Learning Style. In which setting has your child been taught (choose 1-2):  
Traditional classroom setting  Homeschool setting

4. Languages.  
Does your child *speak* English? Yes  No  *Read and write* English? Yes  No   
Does your child speak other languages? If yes, please list. Speak? Read/ Write?  
Language: \_\_\_\_\_

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Language: \_\_\_\_\_

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5. Allergies. Please tell us about any *life-threatening allergies* your child has of which we should be aware:  
Foods \_\_\_\_\_ Bees/Wasps \_\_\_\_\_ Other \_\_\_\_\_

6. Medications. Is your child on any medication that may impact his/her attention or performance in class?  
Yes  No  If yes, please list: \_\_\_\_\_

7. Does your child have any health conditions that would restrict physical activity?  
Yes  No  If yes, please describe: \_\_\_\_\_

8. Please list your child's interests: \_\_\_\_\_  
\_\_\_\_\_

9. Does your child have specific emotional needs or anxiety issues of which his/her teacher should be aware?  
Yes  No  If yes, please describe: \_\_\_\_\_

10. Does your child have an Individualized Education Program at school? Yes  No

11. What is your perception of how your child interacts in a classroom environment? \_\_\_\_\_  
\_\_\_\_\_