



**\*Please supply a copy of vaccination record.**

**HEALTH**

Child's Pediatrician \_\_\_\_\_ Pediatrician's Phone \_\_\_\_\_

Address: \_\_\_\_\_

Any known allergies:

Special Diet:

Health Conditions:

Regular Medication:

**SOCIAL**

How would you describe your child?

Any previous experience with other children?

Favorite toys and activities

Favorite songs

How do you comfort your child?

Behavior management/discipline used at home

Is there anything else we should know about your child?

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Suffield High School's Wildcats Playschool**  
***School phone# 860-668-3810***

**Dates and Times for Playschool this semester:**

October 24,25

October 31 November 1

November 28 Wednesday Only (Possible Friday Nov 30 9:15-11:00)

December 5,6

December 12,13

December 19, 20

**Wednesday and Thursday 9:15-11:00**

**Friendly Reminders:** If your child will absent please email [kmcluskey@suffield.org](mailto:kmcluskey@suffield.org)

If you are delayed in picking up your child please contact the school at 860-668-3810

If Suffield Public schools has a delay or cancellation there is NO playschool.