



Alcott School Child Information Form Summer 2024

Please complete and return with your child's summer application.

Child's Name _____ Date of Birth _____

1. Does your child have any allergies? _____

Please describe in detail including your child's reaction. _____

2. Is your child on any medication? Yes No

If yes, please list name of medication and we will follow up with you on necessary forms for emergency medication. _____

3. Has your child had an evaluation? _____

4. Does your child receive any services through Early Intervention or Pre-School Special Education?

Yes No

If yes, what type of service, who is the Service Provider and how often does your child receive services?

5. Is your child a risk taker or a runner? _____

6. Is your child toilet trained? _____

7. What is the primary language in your home? _____

8. Is your child bi-lingual? _____ Languages spoken _____

9. What is your child's language ability? (One or two word phrases, full sentences, etc.) _____

10. Is there a caregiver? _____ Name and hours _____

11. Is there any additional information you would like us to know about your child?

www.alcottschool.org

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