

**County Line United Methodist
Church**
Mother's Morning Out & Preschool
Program



CLASS OPTIONS

OPTIONS

1. **Please select the class and day option for MMO.** NOTE: Class placement is based upon the child's age & developmental ability. Class lists will be posted one week prior to opening day. *12 - 23 months may come a maximum of 2 days per week.*

_____ Toddler 3-17 Months
 _____ Young 2's 18-24 Months
 _____ Older 2's
 _____ 3's

MMO

2 Day Option

_____ Mon/Fri
 _____ Tue/Thur

3 Day Option

_____ Mon/Tue/Thur
 _____ Mon/Tue/Fri
 _____ Mon/Thur/Fri
 _____ Tue/Thur/Fri

4 Day Option

_____ M/T/Th/F

**PRE-
SCHOOL**

3 Year Old

_____ Tue/Wed/Thur

Young 4 Year Old

Turning 4 between Aug/Dec of
current school year

_____ Mon/Tue/Wed/Thur
 _____ Fabulous Fridays

Older 4's

Turning 4 by Sept 1st of current
school year

_____ Mon/Tue/Wed/Thur
 _____ Fabulous Fridays

5 Day 5's

Must be 5 by Dec 31st of current
school year

_____ Mon - Fri

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DEVELOPMENTAL INFORMATION

1. List other schools your child has attended. (Include dates and length of time)

Sunday School _____

Preschool _____

Day Care _____

2. Have there been any births, deaths, adoptions or other changes in the family structure that has affected your child? If so, please give us any information that might help us understand and to be helpful to your child's dealing with the situation.

3. Child's General Development

- | | | |
|---|--|--|
| <input type="checkbox"/> right-handed | <input type="checkbox"/> left-handed | <input type="checkbox"/> well coordinated |
| <input type="checkbox"/> awkward or clumsy | <input type="checkbox"/> good hand control | <input type="checkbox"/> easily excitable |
| <input type="checkbox"/> try-anything once behavior | <input type="checkbox"/> unusual fears | <input type="checkbox"/> communicates well |
| <input type="checkbox"/> happy | <input type="checkbox"/> shy | <input type="checkbox"/> bossy or aggressive |
| <input type="checkbox"/> hesitant in new situations | <input type="checkbox"/> unusually active | <input type="checkbox"/> impulsive |

If necessary, please explain any of the above (use back of paper if needed):

4. Does your child have any speech difficulties? No Yes
If yes, what therapy has been given and has there been progress?

5. Does your child have any hearing impairment? No Yes
If yes, please explain the problem and what treatment has or is being given?

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6. Does your child have any physical impairment? No Yes
If yes, please give any information we need to know?

7. Does your child have any dietary restrictions? No Yes
If yes, please list the restrictions below and any food allergies?

8. What hopes and expectations do you have for your child through our school?
