

# *Catechesis of the Good Shepherd*

Christ the King Atrium

## **New Child Intake Questionnaire**

Child's Name \_\_\_\_\_

Parent's Names \_\_\_\_\_

1. What sacraments has your child received (if any)? If your child was baptized, please provide date and name of Church.
2. Describe your child in your own words (including likes/dislikes, favorite things he/she likes to talk about, to do, strong points/weak points).
3. Does your child have any specific or special learning or social needs? Please note any adaptations that can help you child in the atrium.
4. *Level 1*: This program requires that all children be independent with toileting. Is your child toilet independent or do you believe he/she will be at the start of the atrium session this fall?

5. Please list any food or environmental allergies or restrictions your child has.

6. Is there anything else you would like us to know about your child in order to provide the best possible care and guidance in the atrium?