

**GENESEO CENTRAL SCHOOL REGISTRATION FORM - Elementary  
Information needed for Elementary and UPK Students Only**

<b>Student's Name:</b>		
Has your child attended a preschool program? ( )Yes ( )No		
Name of Preschool:	Dates:	
Has your child ever been evaluated at a diagnostic clinic? (e.g. Speech, Audiology, Arc)? ( )Yes ( )No		
Name of Clinic:	Contact Person:	Dates:
Results:		

<b>Social and Emotional Development:</b> Please check any areas that apply to your child and comment:					
Bites nails	<input type="checkbox"/>	Joins group activities	<input type="checkbox"/>	Prefers to play alone	<input type="checkbox"/>
Clings to mom/dad in new Situations	<input type="checkbox"/>	Many friends	<input type="checkbox"/>	Relates well to adults	<input type="checkbox"/>
Confident	<input type="checkbox"/>	Moody	<input type="checkbox"/>	Shares easily	<input type="checkbox"/>
Cries	<input type="checkbox"/>	Motivated to try something new	<input type="checkbox"/>	Sticks to tasks	<input type="checkbox"/>
Daydreams	<input type="checkbox"/>	Nightmares	<input type="checkbox"/>	Sucks thumb	<input type="checkbox"/>
Has an even, calm disposition	<input type="checkbox"/>			Temper tantrums	<input type="checkbox"/>

Is there anything about your child you would wish to share to help us better understand him/her?

  
  
  
  
  
  
  
  
  
  

Any special learning concerns or difficulties you would like us to address?

  
  
  
  
  
  
  
  
  
  

Do you feel your child is especially gifted?