CHILD INFORMATION

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	d require a full-time aide explain								
Do you have a	ny concerns about youi	r child?							
Do you have any expectations for your child at preschool?									
Does your child	d require an Epi-Pen, Ir	nhaler or other or	n-site Medicatio	on? If yes. Please provide details					
If yes, please s	tate type and reaction.								
	d have any allergies or	Does your child have any allergies or medical conditions? Yes or No							
Does your child			If yes, please state where:						