



## SUPPLEMENTAL INFORMATION

**THE COMMUNITY SCHOOL** | PO Box 111, 82 Main Street, Maynard, MA 01754

**Child Name:**

**Date  
of Birth:**

1. What name would you like your child called and written on his/her papers (if different from what is on the enrollment form)? \_\_\_\_\_

2. Does your child have any special interests that would help us know him/her better?

Please explain: \_\_\_\_\_  
\_\_\_\_\_

3. List all family members in your home: \_\_\_\_\_  
\_\_\_\_\_

4. If your child has had previous day care or preschool experience, may we contact the provider with your written permission? Yes \_\_\_\_\_ No \_\_\_\_\_

Provider Contact Name and Number: \_\_\_\_\_

5. How did you hear about The Community School? \_\_\_\_\_

### FAMILY CELEBRATIONS

What special days do you celebrate in your family? \_\_\_\_\_

How would you like our program to be involved in your celebration? \_\_\_\_\_

What are some of the myths or stereotypes about your culture that you would like us to understand so as not to perpetuate them? \_\_\_\_\_

How do you feel about celebrations at the center that are not part of your family's tradition? \_\_\_\_\_

Would you have time to read a favorite story in your native language or share a favorite family recipe? \_\_\_\_\_