



Discovering Science Through the Wonder of Art



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Child's name: _____

1. Please list some of the things your child enjoys doing:

2. Does your child have any strong dislikes?

3. Does your child ever have trouble separating from you? If so, please list some of the ways you've previously handled this.

4. Does your child have any concerns or fears about touching wet, slippery, or slimy things?
Does your child have a fear of touching live bugs or animals? If the answer to either of these questions is yes, please elaborate in the space below.

5. Does your child have any allergies? Please include any and all allergies here with the treatment you've used in the past. Please detail the severity of the allergy; for example, if your child is allergic to peanuts, does s/he become sensitized if someone in the room has recently handled peanuts? If your child carries an EpiPen, please list the dosage and the prescribing doctor. (I will contact you individually as necessary to discuss allergy concerns.)

6. If your child has food allergies, please list some healthy snacks you enjoy with her/him at home that do not contain the allergen(s). For example, if your child has an egg allergy, s/he might enjoy Fig Newmans, which do not contain eggs.

7. Other than the curriculum offered in your child's school(s), has your child had any previous art or science classes?

8. Please use the remaining space to explain anything you feel I should know about your child before s/he comes to class at ScienceArts.
