

MEREDITH AUTISM PROGRAM

The Explorers Inclusive Preschool Classroom

Application Form

CHILD INFORMATION						
Child's Name:			Preferred Name:			
Birthdate:			Current Age:			
PARENT INFORMATION						
Name(s):						
Address:						
Cell Phone Number(s):						
Home Phone Number(s):						
Email Address(es):						
SIBLING INFORMATION						
Name(s)						
Age(s)						
Gender						
HAS YOUR CHILD EVER PARTICIPATED IN A GROUP/PRESCHOOL SETTING? Yes No						
<i>If yes, please list the name of the group/preschool and the duration in which your child was involved.</i>						
CIRCLE ANY OF THE FOLLOWING CHARACTER TRAITS THAT BEST DESCRIBE YOUR CHILD (circle all that apply)						
Shy	Outgoing	Independent	Creative	Assertive	Reserved	Sympathetic
Anxious	Defiant	Observant	Respectful	Cooperative	Playful	Energetic

Please mail, email, or fax the completed application to:

Meredith Autism Program
 Attn: Explorers Preschool
 3800 Hillsborough Street
 Raleigh, North Carolina 27607
 Email: autism@meredith.edu | Fax: 919-760-8818

www.meredith.edu/autism | (919) 760-8080