

Date of enrollment _____

Child's Name _____

D.O.B. _____

What name does your child prefer to be called? _____

Does your child have any known allergies? YES / NO _____

Does your child have any dietary restrictions? YES / NO _____

Does your child receive any regular medications? YES / NO _____

Are there any custody orders that the center should be aware of? _____

What important changes has your child been through over the past year (ie. Birth of a sibling, recently moved, death in the family)?

What hopes or goals do you have for your child:

Short term (next week/month/year) _____

Long term (in the next year/beyond) _____

How does your child relate to new people? _____

Do you have separation concerns/drop-off concerns? _____

What do you find is the best way to comfort your child? _____

Do you have any concerns regarding your child's physical development? _____

How much physical activity would you say your child gets in an average week?

_____ a lot _____ average _____ a little

What is the most important thing we should know about your child?

Would you say your child gets angry: _____ frequently _____ sometimes _____ rarely

What upsets your child? _____

FOR CHILDREN 2 YEARS AND OLDER:			
How often does your child do the following:			
	Frequently	Sometimes	Never
Waits their turn to speak			
Hits/kicks/pushes when frustrated			
Says please/thank you			
Tantrums			
Plays with other children			
Offers to help others			

Does your child exhibit any fears? _____

How does your child show his/her feelings? _____

How much do you read to/with your child? _____

How much screen time does your child experience on an average day? _____

Approximately what time does your child normally go to bed? _____ wake up? _____

Does your child take naps? _____ If yes, when and for how long? _____

Does your child fall asleep easily? _____ Awaken quickly or slowly? _____

Is there anything else you could tell us about your child (past experiences or concerns) which would aid the staff in understanding how your child behaves?

FOR CHILDREN OVER 6 MONTHS:	
Would you say your child is an adventurous eater or a picky eater?	
What are some of your child's favorite foods?	
What are some of your child's least favorite foods?	
Is there anything else we should know about your child's eating habits?	

Do you have any mealtime rituals? _____

Do you cook together at home? _____

What time do you normally eat dinner at home? _____

Networking with other parents can be beneficial to you and your child. If you would like to give your permission to us to share your contact information with other families, please indicate that below:

_____ I give permission for the information listed below to be shared with other family members in my child's class. I understand this is completely voluntary:

Name(s) Phone Number(s) Email(s)

_____ I do not want to share my contact information.

Parent/Guardian Signature _____ Date _____

NEW ENROLLEES: This section is required.

RETURNING FAMILIES: This section is optional. You are welcome to complete again or provide us with any changes or updates.

Who are the **primary caretakers** of your child?

1. Name _____ Relationship _____

What does/will the child call this person? _____

2. Name _____ Relationship _____

What does/will the child call this person? _____

3. Name _____ Relationship _____

What does/will the child call this person? _____

What are the names and birthdates of other children in the family:

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Does your child have grandparents that are local? _____

What does your child call them? _____

Does your child have anyone special in their life (not listed above)? _____

Where has your child previously been cared for? _____

What type of group experiences has your child been involved with? _____

What are some activities that your child loves to do or play with? _____

What are some activities that your child dislikes? _____

With transitions from one activity (or place) to another, what are some of the techniques that work for you?

Is your child generally friendly or shy? _____

How would you describe your child's temperament? _____

Was the pregnancy full term? YES / NO _____ Birthweight _____

Complications during pregnancy or delivery? _____

If your child has had, or currently has, any of the following communicable diseases, please circle:

Measles Mumps Chicken Pox Whooping cough

Has your child had any serious illness or been hospitalized? YES/NO _____

NEW ENROLLEES: We recognize that diversity enriches our program. To help us appreciate and celebrate the diversity within our center, we respectfully ask you to share the following information. **RETURNING FAMILIES:** If you have previously completed this section, there is no obligation to complete the information again, while updates are always welcome.

ONLY ONE FORM REQUIRED PER FAMILY

(please feel free to skip questions that you find uncomfortable or confusing)

What language(s) are spoken at home? _____

What is your child's dominant language? _____ Is your child learning ASL? YES / NO

Do you have any favorite words or phrases that you use in your home language?

Do you have any songs, finger plays, or rhymes that you use routinely or on special occasions?

Do you have any special stories you share together?

What are some of the holidays your family celebrates? _____

What cultural or religious celebrations do you celebrate in your home? _____

Are there any cultural or religious attributes of your family which you feel may be helpful for us to know?

What interests/activities does your family pursue together, what are some of your favorite things to do?

What traditions do you cherish as a family? _____

On special occasions, what type of meals do you serve? _____

Would you have photos of your place of origin, or your vacations, you could share with us? YES / NO

Do you have any artifacts from your culture that you would feel comfortable sharing with the class at some point? YES / NO _____

Do you have a career that you would be interested in coming to share information about with the classroom at some point? YES / NO _____

What is your family's ethnic origin? _____

What countries flag would you display to represent your family's origin? _____

Would you have a picture of your family that we could have to post outside your child's classroom?

YES / NO *If so, please bring the picture in at your earliest convenience*