Emilymae King Program Director





PO BOX 1129

Woodruff WI, 54568 PHONE (715)356-4686 FAX (715)358-9646

EMAIL terristreehouse@hotmail.com WEBSITE www.terristreehouse.org

Family Survey Return with Application for Enrollment

Dear Families.

We are asking families to complete this survey so that we can better understand you child and learn about his/her family culture, routine, needs and strengths. Our goal is to provide an individualized curriculum for all children enrolled. Please complete survey involve all family members and child.

Thank you for your energy and collaboration.

	Your child goes by the name or "nickname" of				
1.	What languages or other forms of communication does your family, extended family, or child use?				
	1.A. Do you have any specific Family language preferences: pronouns, vocabulary, and other terminology unique to your specific family?				
	Describe your family's home structure, traditions, and cultural heritage and who lives at home with your				
ch	ild?				
	·				
4.	What does s/he move or if non-mobile reach toward? When s/he is more on her/his own, what does s/he like to have available? What routines does your child do independently?				
5.	What kind of activities/ hobbies does your family and child/ren especially like to do outside of home?				
	. At this time, how does (your child) let you know, or how can you tell, if s/he is not feeling well or eeds something?				

Confidential - All purpose and rights to this information shall be used for people directly/indirectly working with the above child, which may benefit in better serving that child or family. All other uses of information may be used to represent Program's educational requirements, Portfolio documentation and validation of NAEYC Criteria.

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What do you notice makes her/him smile or laugh? When (your child) is upset what is soothing? How does

	your child express those feelings? How does the child use her/his current abilities to get a message across intentionally or by default?
8.	What kinds of situations does (your child) find stressful or upsetting? How do you redirect your child?
9.	At this time, what could we do to support (your child) well related to: eating and drinking toilet use managing clothes preparing for naps and waking from naps getting washed playing alone playing with others switching from one activity to another any specific frustrations related to being in groups?
10.	What have you noticed about (your child's) sensitivities, if any, to touch, e.g., any physical sensations that your child enjoys or wants to avoid? to light or brightness, e.g., any attractions or avoidance to light? to sound, e.g., any attractions or avoidance to sound?
11.	What is the best method for keeping in touch with you please circle all that work and time frame in which works best. AM, LUNCH TIME, PM
<u>Em</u>	ail:, Written letter, Verbal, Phone Messages best number and cell phone carrier:
12.	<u>Displays/examples</u> or during <u>pick-up or drop-off.</u> What are the expectations you have for our Program?

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13. Is there any information we should know related to food allergies, environmental health or safety, or any other individual safety needs?

please return asap the OFFICE or Email to terristreehouse@hotmail.com					
enrollment will be 1 st come 1 st serve.					
Our first day of our Summer Semester June 10th 2024 Fall Semester will be September 9th 2024. All children lis-enrolling August 12th is their last day. The Program will have a calendar sent out of upcoming annual inervice days so staff may prepare curriculum Monthly.					
The Center is Closed Labor Day. Your child's letter of confirmed Registration and classroom information will be sent home two weeks prior to start date. Fees and neutral balance will be required upon first week of enrollment.					
Guardian's Names:					
Child's Name: D.O.B					
Child's Name: D.O.B					
AV-W Preschoolers (Full Day Tuition): Here A.M. PRE-K Here P.M. PRE-K Please note if you haven't gotten confirmation on am/pm. I need before school AVW/MHLT 7:00-7:30 I need after school care from AVW/ MHLT 3:30-5:15 Families who've maintained same enrollment for Summer take precedence over those who are requesting a variation of schedule from Summer to Fall, families that have been at this Program longer receive priority over new or prospective families.					
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Days of The Week Needed	1 st OPTION	2 ND OPTION
	(Previous	Only if
	Schedule)	available
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

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