

Child's Name: _____

Date: _____

Child's Age Birthday _____

Family Composition Questions:

1. Tell us about your household (neighborhood, who lives there, sibling ages, pets)

2. What language(s) is/are spoken in your home?

3. What is your preferred method of communication?

4. Are you interested or another family member interested in and able to share any talents as a volunteer to the program (see hand book definition of volunteer)?

5. What are your needs and expectations of this program?

6. Do you have any cultural/religious needs that we could work to incorporate into our program?

Child Information:

1. Has your child been in an early learning program or child care before? YES or NO
 - When: _____
 - Circle: Daycare in-home / Daycare Center / Relative Care / Nanny / Babysitter
 - Is there a reason for leaving that program that you would like to share

2. *Please indicate in the enrollment packet*
 - identified learning, behavioral or physical special need (Emergency Contact form)
 - allergies/anaphylaxis (OCFS forms and emergency contact form)
 - Diapering/Toileting stage

3. On the back of this form please tell us about your child and your family include
 - nicknames
 - favorite toys/songs/games/colors, etc
 - concerns such as constipation/separation anxiety, etc
 - Thumb sucking/use of pacifier or lovey (over the age of 1)
 - If over the age of 9 months what age they
 - Cut teeth
 - Crawled/Walked
 - Talked
 - Childs at home sleeping arrangement (do you co-sleep or room share)