

## Neighborhood Child Care Center & Preschool Child Enrollment Form

Child's Name & DOB	
Child's Nickname, if any	
Birthdate	
Gender	
Allergies	
Siblings	
Is your child potty trained? Do they need assistance in the bathroom?	
General Interests	
What is your child's primary language? What other languages are spoken at home?	
Previous Child Care Experience	
What areas would you like to see growth in your child?	
Preferred Start Date Preferred Schedule Indicate days per week as well as full or half days	

The following questions will help our teachers support your child and be better prepared to meet your individual child's needs. Does your child require any of the following supports:

- Physical therapy
- Speech therapy
- Occupational therapy
- Mobility device
- Communication device
- IEP
- 504 Plan
- Other: \_\_\_\_\_