



**Enrolled to attend:**  
**(circle one)**  
M-F 9AM-12PM  
MWF 9AM-12PM  
M-F 9AM-12PM

**Starting Date:** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: M F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Guardian #1:** Mother \_\_\_\_\_ Father \_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer's Name/Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Guardian #2:** Mother \_\_\_\_\_ Father \_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer's Name/Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**In case of emergency, three persons to be contacted if guardians cannot be reached:**

#1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Does your child have any allergies: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Does your child have any physical or health problems: \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

Has your child had any serious illnesses, operations, accidents, hospital experiences: \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

Does your child have any other problems we should be aware of: \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

What method of behavior control is used at home: \_\_\_\_\_

What is your child's reaction: \_\_\_\_\_

Is your child friendly and cooperative with adults? \_\_\_\_\_ with other children? \_\_\_\_\_ if no, please explain: \_\_\_\_\_

Is your child a good sleeper? \_\_\_\_\_ if no, please explain: \_\_\_\_\_

Is your child a good eater? \_\_\_\_\_ if no, please explain: \_\_\_\_\_

Does your child need reminders to go to the toilet? \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

At what age did your child walk: \_\_\_\_\_ Talk: \_\_\_\_\_ Toilet Trained: \_\_\_\_\_

Has your child had any play groups or preschool experiences: \_\_\_\_\_ if yes, please list: \_\_\_\_\_

Is there anything specific you would like for your child to get out of preschool: \_\_\_\_\_

List other children and other members of the household:

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are parents living together: \_\_\_\_\_ Separate: \_\_\_\_\_

Religion: \_\_\_\_\_ Church: \_\_\_\_\_

Is child adopted: \_\_\_\_\_ Age at Adoption: \_\_\_\_\_ Does child know: \_\_\_\_\_

What languages are spoken at home: \_\_\_\_\_

Does your family eat together: \_\_\_\_\_ Is your child a slow or picky eater: \_\_\_\_\_

Does your child watch TV/Movies? \_\_\_\_\_ Does your child play video games? \_\_\_\_\_

What is your child's favorite indoor activity: \_\_\_\_\_

What is your child's favorite outdoor activity: \_\_\_\_\_

Does your child enjoy hearing stories: \_\_\_\_\_ Told/Read by whom: \_\_\_\_\_

Does your child enjoy singing: \_\_\_\_\_ Does your child enjoy music: \_\_\_\_\_

Does your child have any fears you are aware of: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_