



## Enrollment Information

Please provide the following information so that we may work more closely with your child in meeting his or her needs. This information will only be shared with the staff working with your child and will otherwise remain confidential. Please update the records when needed.

### Family and Social History

Name of child \_\_\_\_\_ Birth date \_\_\_\_\_

Name of Mother \_\_\_\_\_

Name of Father \_\_\_\_\_

Marital Status of Parents \_\_\_\_\_

If divorced, please describe custody and visitation agreement for the child \_\_\_\_\_

\_\_\_\_\_

Are both parents allowed to pick up the child? (please circle one)      **YES**      **NO**

List anyone **NOT** allowed to pick up your child.

\_\_\_\_\_

Other members of the household (include relationship and age):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's favorite play activities? \_\_\_\_\_

\_\_\_\_\_

Does your child have any fears that we need to be aware of? \_\_\_\_\_

\_\_\_\_\_

What method of discipline have you found to be most effective?

\_\_\_\_\_

\_\_\_\_\_

**Enrollment Information**  
**Page 2...**

What opportunities does your child have to play with other children? \_\_\_\_\_

\_\_\_\_\_

Has your child had any prior preschool experience? \_\_\_\_\_

If so, please describe (age of child at time, how long enrolled, good experience?)

\_\_\_\_\_

\_\_\_\_\_

**Developmental and Health History**

Is your child right or left-handed? \_\_\_\_\_

Is your child toilet trained? If not, please describe at what point you are in training. (Not started yet, working on it, having difficulties, etc. If having difficulties, please explain.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? Please list if yes and describe. Also, list any prescribed medications (such as an EpiPen) that would be required for the preschool to keep on site. To provide additional information, please fill out the allergy protocol form, which will be provided upon request.

\_\_\_\_\_

\_\_\_\_\_

Does your child have any health problems that would require special attention? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

**Enrollment Information**

**Page 3...**

Does your child have any special needs (such as language delays, speech issues, potty training difficulties) of which we need to be aware? If yes, please explain.

---

---

---

If your child has worked with 'Babies Can't Wait', please describe the recommendations for a preschool experience for your child.

---

---

**About Our Program**

What hopes and expectations (of our program) do you have for your child? \_\_\_\_\_

---

---

How did you hear about our program? Please list if it was through word-of-mouth, prior experience, advertising, website, drive-by or some other means.

---

---

Please give any additional information you think might be important for us to have.

---

---

---