

ENROLLMENT QUESTIONS

Special Information about:

(Child's Name)

Preschool/School Age Questionnaire

Your child as an individual:

What qualities do you admire most in your child?

Are there other qualities that you'd like to see your child develop?

What motivates your child? _____

What benefits do you expect your child to gain from attending Green Mountain Children's Center? _____

What are your biggest concerns about your child attending Green Mountain Children's Center?

What are your child's special interests/favorite things to do? _____

What are your child's fears? _____

Are there any specific issues regarding your child that you would like help with? _____

Other special information or concerns you wish to share? _____

Family and Home:

Are Parents:

____ Living together ____ Married ____ Unionized ____ Separated ____ Divorced ____

With whom does your child live? _____

Are there other adults who live in your household? _____

Does your child have any siblings? _____

How does your child relate to his/her siblings? _____

How long have you lived in this community? _____

Has your child been cared for outside the home before? _____

Have there been any recent changes in your family composition? _____

Is there any other information about your family that will help us understand your child better?

Are there any elements of culture or religion of which we should be aware? _____

What are your family traditions or routines? _____

What holidays does your family celebrate? _____

Child's Activities:

Are there activities your child particularly enjoys? _____

Are there activities your child particularly dislikes? _____

How does your child respond to new activities? _____

At home who does your child usually play with? _____

What is your child's favorite toy? _____

Does your child enjoy being read to? _____

What are some of your child's favorite books? _____

Eating Habits:

How would you describe your child's appetite? _____

What time does your child eat breakfast? _____ Lunch? _____ Dinner? _____ Snacks? _____

What foods does your child like? _____

What foods does your child dislike? _____

Is your child sensitive to any foods?

Is there anything else we should know? _____

Sleeping Patterns:

What are your child's regular night-time sleeping hours? From _____ To _____

Does your child wake up during the night? _____ How often? _____

Does your child sleep with anything? (pacifier, stuffed animal, etc.) _____

Does your child take naps? _____ How long? _____

Do you want us to wake your child up from nap at a certain time or should we let him/her sleep as long as they want? _____

Are there any concerns you would like to mention regarding your child's sleep? _____

Family Health:

How would you describe your child's general health? _____

Has your child ever been seriously ill or hospitalized? _____

Is there anything about your family's health history that we should know? (Allergies, chronic illness, diabetes) _____

Is your child toilet trained? _____ If not is there anything we can do to help?

Social Relationships:

Has your child had experience playing with other children? _____

How would you generally describe your child's behavior? _____

How does your child relate to strangers? _____

How do you discipline your child? _____

Who does the disciplining? _____