

Pre-Admission Background Information Form

The center staff needs your help to understand and plan for your child. Please fill out the following form and return it to the center before enrollment.

Date _____

Child's Name _____ Sex: M _____ F _____
(Last) (First) (Middle)

Child's Preferred Name _____ (First, Middle or Nickname)

Complete Address _____

Phone Number _____ Birth Date _____ Age _____
m/d/y

Admission Date _____ Termination Date _____

Grade Level _____ School _____

Father's Name _____
(Last) (First) (Middle)

Occupation _____ Company _____

Business Address _____

Business Phone # _____ Cell # _____

Mother's Name _____
(Last) (First) (Middle)

Occupation _____ Company _____

Business Address _____

Business Phone # _____ Cell # _____

Is Father living? _____ Is Mother living? _____ Separated? _____ Divorced? _____

Please list persons authorized to pick up your child:

Is there anyone whom you **do not** wish to pick up your child? _____

If so, please give name and relationship to child.
Name _____ Relationship to child _____

Other members of the family (brothers, sisters, grandparents, etc.) living at home:

Name	Age	Relationship	Indicate Name Used by Child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other members of the family (grandparents, aunts, uncles, etc.) living in the community:

Name	Age	Relationship	Indicate Name Used by Child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child had any previous school experience? _____

If so, please give name and type of school

_____ Length of attendance _____

Does your child take a nap? _____ Morning _____ Afternoon _____

How many hours does your child sleep at night? (Approximately) _____

Is your child toilet trained? _____ Does your child use any special word for toileting? _____

If so, please state _____

Describe your child's appetite:

always hungry _____ never hungry _____ snacks _____ snacks all day _____

eats at mealtime _____ has to be coaxed to eat _____

Are there any foods your child may not or cannot eat? (due to allergies, religious customs, etc.) _____

If so, please list: _____

Are there any foods your child dislikes? _____ If so, please list:

Child's Special Interests: singing _____ painting _____ stories _____
trucks _____ pets _____ music _____
outside play _____ coloring _____ Other _____

Is your child generally:

cooperative? _____ shy? _____ competitive? _____ happy? _____
aggressive? _____ sensitive? _____ submissive? _____
angry? _____

Your child usually does what is asked of him/her? _____

Your child seldom does what is asked of him/her? _____ whines? _____

List other behaviors characteristic of your child.
