|  |  |  |
| --- | --- | --- |
| CHILD'S NAME |  | **APPLICATION DATE: Day / Month / Year** |
| **First Name M.I Last Name Date of Birth: Day/Month/Year** |
|  |  |  |  |
| **Full Address: Street No.**  |  | **City** |  |
|  |  |  |
| **Res. Phone:**  |  | **Cell Phone:** |  |
|  |  |
| 07:00am to 12:30 pm  | 07:00am to 14:30pm  |  |  |
| **Nationality:** | **DOB:** |
| **PARENTS / GUARDIAN INFORMATION** |
| **Fathers Name** | **Occupation** |
| **Home Address** | **Work Address** |
|  |  |
| **Email Address** | **Work Phone** |
|  |  |  |  |
| **Mother's Name** | **Occupation** |
| **Home Address** | **Work Address** |
|  |  |
| **Email Address** | **Work Phone** |
| **EMERGENCY CONTACT PERSON** |
| Name | Relationship |
| Res Phone  | Work/Cell Phone |
| **AUTHORIZED PICK UP PERSON (S)** |  |  |
| Name | Relationship |
| Name | Relationship |  |

**APPLICATION FOR ENROLLMENT**

**General Questionnaire**

1. Child’s current weight? …………………………………………………………………………………………………………
2. Was your child premature. If yes, please confirm by how many weeks? ……………………………….
3. Languages spoken at home? …………………………………………………………………………………………………
4. Has your child ever had a daycare/ preschool or social group experience? If yes please confirm the name, location, and age groups interacted with? …………………………………………………………………..................................................................................………………………………………………………………………………………………………………………………………………
5. Does your child nap, if yes please confirm for how long?………………………………………………………..
6. Is your child toilet trained? ……………………………………………………………………………………………………
7. Is your child usually active, sedated, quiet or aggressive? ……………………………………………………..
8. Does your child have a current medical condition, if yes please elaborate? ...................................…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..
9. Is your child on any medication, if yes please elaborate?......................................................... ................................................................……………………………………………………………………………….
10. Does your child have any sensory/texture dislikes, if yes please elaborate?............................ ...................................……………………..…………………………………………………………………………………….
11. What things can your child do very well?...................................................................................
12. How does your child interact with other children?.....................................................................
13. How does your child interact with other adults? …………………………………………………………………..
14. How does your child respond to new situations? ……………………………………………………………………
15. How does your child respond to new challenges?…………………………………………………………………..
16. When was your last pediatrician visit? ……………………………………………………………………………………
17. What things are challenging for your child?................................................................................
18. Does your child see any specialists, if yes please elaborate?...................................................... ………………………………………………………………….................................................................................
19. Does your child have any current special needs, if yes please elaborate?.................................. ………………………………………..……………………………………………………………………………………………………..

**Mealtime:**

1. Does your child have any food allergies, if yes please list food types and reactions? .…..………………………….…………………………………………...………………………………………………………………..
2. Does your child still use a bottle?...............................................................................................
3. Does your child eat independently?...…………………………………………………………………………………….
4. Does your child use a fork/ spoon independently? …………………………………………………………………
5. Does your child drink from a cup independently? ………………………………………………………………….
6. Does your child have any food/ sensory dislikes, if yes please elaborate? ……………….……………………….……………………………………………………………………………………………………..
7. Please list a few of their favourite foods to eat ……………………………………………………………………. ………………………………………………………………………………………………………………………………………………