



CHILD'S NAME _____ ENROLLMENT DATE _____

REVIEW DATE _____ PARENT'S SIGNATURE _____

Enrollment Questionnaire

Family Composition Questions:

1. Tell us about your household (neighborhood, who lives there, relationships to child).
2. Does your child have any siblings? If so, what are their names and ages?
3. Does your family have any pets?
4. What language is spoken in your home?
5. In what modality do you prefer to receive communication from us (email, paper or both)?

General Questions:

1. What are your expectations of the program?
2. Are you willing to be a volunteer in our classrooms? If so, in what capacity? Any special interests or talents?
3. Do you have any specific questions about the program?

Child Information:

1. Has your child been in an early learning program or child care before? **YES** or **NO**
 - If yes, would you share some information with us? (Where? When? For how long?)
 - What kind of care? (Family day care home, relative/neighbor care, group, center)
 - Is there a reason for leaving that program that you would like to share?
 - How did your child react to other children and adults?

2. Are there any important routines at drop off/pick up/naptime/etc. that would be helpful to know about?

3. Does your child do any of the following?
Nail biting Thumb sucking Stuttering Other _____

4. Does your child have any special needs?

5. Does your child have any allergies (food, medication, environmental)?

6. Toileting Habits (potty trained-yes or no; does he/she need reminders; any specific words your family uses for bowel movements and urination):

7. Tell us about your child's:
 - Favorite Toys...
 - Favorite Games...
 - Favorite Activities...
 - Other Interests...