

Enrollment questionnaire

Child's Name: _____

Date _____

Eating habits

Is your child on any special diet? Vegetarian ____ gluten free ____ other _____

Does your child have any **food** allergies? Yes No

Please list **food allergies ONLY**:

What does your child use to drink?

____ bottle ____ sippy cup ____ regular cup ____ nursing ____ other: _____

How often does your child eat?

Does your child have any favorite foods?

Does your child dislike any foods?

Are there any foods your child should not be fed?

How does your child sit at the table: High-chair Booster seat Other _____

Sleeping habits

Does your child nap? _____ How many times per day? _____ How long? _____

Does your child sleep with a special blanket, toy or "lovey", or pacifier? Yes No

Are there specific bedtime routines at home? Yes No

Where does your child sleep at home?

Potty habits

Does your child use diapers? Yes No

____ Disposable ____ Cloth ____ Pull ups

***If cloth, remember that we are unable to launder diapers and they will be bagged and sent home un-rinsed and un-emptied.**

Does your child need regular reminders to use the bathroom? Yes No

Does your child use: potty chair toilet

How does your child let you know that it's time to use the bathroom?

Development

Do you have any concerns about your child's development? Yes No

____ Hearing ____ Vision ____ Language ____ Gross Motor ____ Fine Motor ____ Social ____ Other

What is your child's primary spoken language? (Circle one) English Spanish Other _____

Are there other languages being used with your child?

Health background

How is your child's current health?

Please list any/all allergies your child has:

How are allergies treated/controlled?

Any past medical or dental history we should be aware of?

Is your child on medication or use special devices? Will she/he require medication or device usage during Seedlings Academy hours? Please explain:

What cues should we look for to determine if she/he is starting to feel ill?

Does your child take medication on a daily basis? Yes No

Please list all medication that is taken daily:

Has your child had or been exposed to any communicable diseases (chicken pox, measles, mumps, lice, etc.)? If so, please explain and provide dates.

Is your child prone to any common ailments (upset stomach, frequent colds, allergies, ear infections, sore throats, nose bleeds, diaper rash etc.)?

Social and Emotional development

Has your child been in child care before? Yes No

Is your child comfortable in group situations? Yes No

What is your child's regular routine when at home?

Is there anything we should know about your child's play with other children, by themselves, any concerns?

What kinds of activities does your child enjoy? Are there activities your child avoids?

How would you describe your child's temperament and personality?

Does your child have any siblings?

Does your family have any pets?

Does anything frighten your child?

What soothes your child?

Does your child have any favorite songs or games that comforts them? _____

What are your expectations or hopes for your child at our child care center?

General information

Is there anything regarding your family, extended family or child that you would like to share with us?

Are you looking for long-term or short-term care for your child?

What are your expectations from Seedlings Academy?

Please list what holidays and traditions your family celebrates.
