

Companion to Enrollment & Registration Package

Social Contact:

Describe your family: _____

At home: _____

Extended family: _____

With friends: _____

Does your child have any siblings, special friends and/or pets: _____

Has your child been in a child care environment before? _____

For how long did he/she attend? _____

Please describe that experience: _____

Does your child have regular contact with other children, family members or opportunity to play in other situations/programs (lessons, sports, community park, family events...) _____

What language is spoken at home: _____

If not English, does your child speak /understand the language spoken at home? _____

Does she/he have the opportunity to speak English? _____

What hours during the day will your child require? _____

Drop off: _____ Pick Up: _____

Work/School Schedule: _____

Behaviour Patterns & Habits:

Describe an ordinary day in your child's life: _____

Wake up time: _____ Bed Time _____

Meals & Play: _____

Interests: _____

Activities: _____

Does your child have any particular attachment? _____

Toy: _____ Blanket _____

Music or Song: _____

Typical/Unusual Habits: _____

How does your child react to new situations or respond to stress? : _____

How does he/she self comfort themselves? _____

Does your child have any fears, loud noises, animals or new people? : _____

Is there any behaviour you find challenging? : _____

What strategies or redirections do you use at home? : _____

Health & Development History:

Describe your child's general health : _____

Any serious or reoccurring illnesses, outstanding trauma, hospitalization? _____

Describe your child's diet: : _____

Any restrictions: _____
Allergies preferences: _____

Describe your child's sleeping habits: _____

Method of falling asleep: _____

Describe how your child communicates ...when happy: _____
...when angry _____
...when sad _____
...when tired _____
...when angry _____
...when hungry _____

What do you see as your child's strengths? _____
