

About Your Child

Child's Name: _____ DOB: _____ Start Date: _____

Primary Address: _____

Mother's Full Name: _____ Contact Phone: _____

Mother's Email: _____

Father's Full Name: _____ Contact Phone: _____

Father's Email: _____

Preferred Method of Communication: _____ Phone Call _____ Text _____ Email

Parent's Marital: _____ Married _____ Divorced _____ Single _____ Widowed _____ Separated

Does your child reside in more than one household? _____

Has your child ever been in a learning center before? _____

What type (center, family daycare, grandma etc.) _____

Was it a positive experience? _____

Why are you looking for a learning center? _____

How does your child feel about being left by his/her mommy/daddy?

Are there any siblings? Please name them and specify ages and gender.

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Tell us about your family (grandparents, extended family, pets, etc.) _____

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.? _____

What is your normal method of discipline?

How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?

When your child gets upset, what helps him/her calm down? _____

What is a good way to distract your child when he/she is having a temper tantrum? _____

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc.

What do you see as the strengths of your child? _____

What goals would you like to see your child achieve in our program? _____

Are there any food restrictions? _____

What is your child's favorite food(s)? _____

What food(s) does your child dislike? _____

Does your child choke easily while eating? _____

Is your child able to feed himself/herself? _____

Does your child use utensils or eat with their fingers? _____

Does your child need assistance with toileting? _____

If yes please explain:

What words does your child use for: Bowel movements _____

Urination _____

What time does your child awaken? _____

What time does your child go to sleep at night? _____

Does he/she sleep through the night? _____

Does your child sleep in a bed or crib, other? _____

Are there any particular routines that are helpful during naptime? _____

Does your child have any special fears? _____

How does your child communicate his/her needs? _____

Are there any special words that your child uses that might not be readily recognized? _____

Has your child had experience playing with other children?

What language(s) are spoken at home?

Does your child have any comforting objects such as a blanket, soother, bottle, toy etc.?

What are your child's favorite activities, toys, books, or games?

Are there any activities your child specifically does NOT like to do? _____

Are there any other comments or information you would like to let us know about?

Any specific concerns? _____

Church Information:

Do you attend church? ____ YES ____ NO

The church I/we attend regularly is: _____

Who is your pastor? _____

Mother's background religion: _____

Father's background religion: _____

Is your child baptized: ____ YES ____ NO

Would you like more information about baptism? ____ YES ____ NO

Are you interested in learning how to read and study the Bible as a family? ____ YES ____ NO

Would you be interested in Divine Peace Church as a potential church home? ____ YES ____ NO