

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