



Child Information for New Enrollment

Please note the following information is confidential and will only be used by school staff to help better understand and assist your child while at school.

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

Names of family members:	Relationship to child:	The name the child uses for this person:

Toilet Training:

- Your child is able to take care of their own toileting needs
- Your child is in training and wears Velcro tab pullups
- Your child wears diapers

Notes: _____

Sleeping Options:

- 2 hour nap from 12-2 pm in quiet room - Parents provide bedding
(Dark room, white noise, educators assist children to sleep)
- 1 hour rest period in the classroom - LMP provides sheet for cot
(Outdoor play after lunch, are able to visit class library, quiet music playing)

Notes: _____

Eating:

Appetite: Good Fair Poor

List allergies: _____

Does your child have food restrictions? _____

How does your child feed him/herself: Finger Food Spoon Fork Adult Feeds Child

Dressing:

Throughout dressing routines, does your child:

- Require assistance
- Independently dress

What language(s) are spoken at home: _____

Pets: _____

Interests: _____

Sociability: _____

Adaptability/Specific Fears or Habits: _____

Behaviour: _____

Has your child been in childcare before? _____

Medical Conditions: _____

Are there any specific holidays, customs or cultural practices observed by your child/family that you feel would be helpful for us to be aware of? _____

If yes, would you like to help us share them with all the children? _____

Is there anything else you would like us to know about your child? _____
