

Bright Haven Christian Learning Center
2016-2017 Toddler/Preschool Enrollment Questionnaire

Child's Name _____ Nickname _____

Birth Date _____

Mother's Name _____ Birth Date _____

Best Contact Phone Number _____

Father's Name _____ Birth Date _____

Best Contact Phone Number _____

If married, anniversary date _____

Previous Childcare History:

Has your child been in childcare before? _____

If so, please give name, location and phone number of last childcare provider/center:

Name _____

Locations _____ Dates attended from _____ to _____

Why was care terminated? _____

May I contact them for a reference? _____

Sleeping Habits:

Does your child have a regular bedtime schedule? _____

What time does your child usually go to bed at night? _____

What time does your child usually wake up in the morning? _____

Does your child have trouble sleeping? _____ Night terrors? _____

Trouble going to sleep? _____ Other? _____

If under 18 months, how does your child prefer to sleep (back, stomach, side)?

What time(s) and for how long does your child nap each day? _____

Are there any favorite items that your child needs to go to sleep each day (pacifier, pillow, blanket, teddy bear, etc.)? _____

Has your child slept in a pack-n-play or on a mat/cot? _____

What is your child's disposition upon waking (happy, clingy, slow to wake, etc.)?

DISPOSITION

How does your child react when you leave them? _____

What is your child's normal disposition? _____

Does your child have any bad habits? _____

Are there any restrictions to play or activities? _____

How is your child most easily settled? _____

What are your child's favorite activities? _____

PERSONALITY TRAITS

Has your child had experience playing with other children? _____

How does your child show when he/she is:

Afraid? _____ Happy? _____

Angry? _____ Tired? _____

Sick? _____

What forms of guidance and discipline are most often used in your home? _____

Has your child had any negative experiences with childcare/preschool? _____

Are there any recent traumatic events that have occurred within your life or your child's life that could still be affecting your child? If yes, what? _____

Does your child have any special toys, blanket, etc.? _____

Who are the special people your child may talk about at the center and what is their relationship to your child?

Special Person

Relationship

POTTY TRAINING

If your child is potty trained, can he/she be relied upon to indicate bathroom needs? _____

Does your child have any fears relating to potty training? _____

Does your child have any accidents? _____ When? _____

What word does your child use for:

Bowel movements? _____

Urination? _____

Soiled Diaper? _____

Health History:

Has or does your child have any known health conditions? _____

Does your child need regular medication? If so, please explain why?

Does your child have any known allergies? _____

Special instructions in case of allergic reaction: _____

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.)?

Is there any indication of hearing or vision problems? _____

Does your child have any physical or mental disabilities?

Would you be interested in receiving information about ARKids First (health insurance) _____ or Medical Home _____? (Check if yes)

Eating Habits:

What are your child’s eating habits (frequency and portion)? _____

How often does your child drink during the day (milk, juice, water, etc.)? _____

Does your child have any favorite foods? _____

Does your child dislike any foods? _____

Does your child have a special diet? _____

Are there any foods your child should not be fed? _____

How does your child sit at the table (high-chair, booster seat, etc.)? _____

General Information:

Do you have a back-up caregiver in the event that your child becomes ill and is unable to attend childcare or for provider’s holidays, vacations or personal days?

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

What are your expectations from Bright Haven Christian Learning Center?

What are some goals and dreams you have established for your child?

Photography/Videography/Social Media Release

I, _____ parent/legal guardian of _____
give permission for Bright Haven CLC to use any photography/videography of my child for
publicity purposes (i.e. website, social media, marketing brochures, etc.Names won’t be used).

Date: ____/____/____
D M Y

Parent/Guardian signature