

**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 \_\_\_\_\_

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**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? \_\_\_\_\_

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**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.)?  
\_\_\_\_\_

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**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? \_\_\_\_\_

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**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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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? \_\_\_\_\_

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**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)

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**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.)? \_\_\_\_\_  
\_\_\_\_\_

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**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?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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