



Ganon Gil Preschool 
Preschool Enrollment Form

Child's Name: _____ Date of Birth: _____ Gender: M/F

Eating

Is your child on any special diet? _____

Does your child have any food allergies? _____ If yes, please describe _____

Development

Do you have any concerns about your child's development? ___ Yes ___ No

___ Hearing ___ Vision ___ Language ___ Gross Motor

___ Fine Motor ___ Social ___ Other

If yes, please explain why: _____

What is your child's primary spoken language? _____

Are there other languages being used with your child _____

Social and Emotional Development

Has your child been in child care before? ___ Yes ___ No

If yes, please share about their experience: _____

Is your child comfortable in group situations? ___ Yes ___ No

What is your child's regular routine when at home? _____

Is there anything we should know about your child's play with other children? _____

Is there anything we should know about your child's play by themselves? _____

What kinds of activities does your child enjoy? Are there activities your child avoids? _____

How would you describe your child's temperament and personality? _____

What soothes your child? _____

What frightens your child? _____

Does your child have any favorite songs or games that comforts them? _____

Family History

Does your child have any siblings? _____

Does your family have any pets? _____

Who lives in the child's home? _____

Other Information

What are your expectations or hopes for your child at our child care center? _____

Is there anything regarding your family, extended family or child that you would like to share with us? _____

What is your preferred means of communication? ____ E-mail ____ Paper

Please provide us with preferred emails: **(Please Print)**

Mother: _____ Father: _____

Other: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____