



## Ganon Gil Preschool Toddler 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 \_\_\_\_\_

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

What does your child use to drink? \_\_\_ bottle \_\_\_ sippy cup \_\_\_ regular cup  
other: \_\_\_\_\_

How often does your child eat? \_\_\_\_\_

Is your child comfortable with table food? \_\_\_ Yes \_\_\_ No

Are there any foods he/she has difficulty eating?

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

Additional Notes: \_\_\_\_\_

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

### **Sleeping**

Does your child nap? \_\_\_\_\_ How many times per day? \_\_\_\_\_ How long? \_\_\_\_\_

Does your child sleep with a special blanket, toy or pacifier? \_\_\_ Yes \_\_\_ No

If yes, what is it: \_\_\_\_\_ What do you call it: \_\_\_\_\_

How is it used at home: \_\_\_\_\_

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

Are there specific bedtime routines at home? \_\_\_\_\_

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

Where does your child sleep at home? \_\_\_\_\_

**Toilet Training**

Is your child showing signs of toilet training? \_\_\_Yes \_\_\_No

If yes, what signs: \_\_\_\_\_

\_\_\_\_\_

Is your child's diaper dry for at least 2 hours at a time? \_\_\_\_\_

Does your child know and let you know when he/she is wet or has had a bowel movement?

\_\_\_\_\_

Does child communicate that his/her diaper is uncomfortable? \_\_\_\_\_

\_\_\_\_\_

Can your child undress enough to sit on the potty? \_\_\_\_\_

**Childcare History**

Has your child been in child care before? \_\_\_Yes \_\_\_No

If yes, at what age did they start: \_\_\_\_\_

Is your child comfortable in group situations? \_\_\_Yes \_\_\_No

**Other Information**

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

\_\_\_\_\_

Is there anything we should know about your child's play with other children, by themselves, any concerns?

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Does your child have any siblings? \_\_\_\_\_

\_\_\_\_\_

Does your family have any pets? \_\_\_\_\_

Who lives in the child's home? \_\_\_\_\_

\_\_\_\_\_

What soothes your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What frightens your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any favorite songs or games that may comfort them? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have there been any significant changes in your child's life that you would like to share with us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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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: \_\_\_\_\_