

LANCASTER PLAY AND LEARN CENTER
ENROLLMENT QUESTIONNAIRE

Date _____

Child's Name _____

DOB _____

Mother's Name _____

Home Phone _____

(or guardian) _____

Father's Name _____

Home Phone _____

(or guardian) _____

Marital Status of parents _____

Custody/Visiting arrangements _____

Are there restraining orders currently on file? _____

Names/ages of other children in family _____

Language(s) other than English spoken at home _____

Arrangements you have for a back-up babysitter _____

Who cares for child other than parents? _____

Who is available to pick up your child within 30 minutes due to illness?

Name _____

Address _____

Phone _____

Is child toilet trained? _____

Describe toilet assistance needed and words used _____

What are your child's napping needs? _____

Does your child have any special fears? _____

Does your child have neighborhood playmates? _____

Specify _____

Has your child had group play experiences? _____

Where? _____

What are your child's favorite activities? _____

At present, do you have any special concerns regarding child's development (speech, motor development, etc.)? _____

Stage at which your child

Crawled on hands and knees _____ Sat alone _____ Walked alone _____

Named simple objects _____ Spoke in complete sentence _____

Began toilet training _____ Slept through the night _____

Does your child dress self? _____

What time does your child usually eat:

Breakfast _____ Lunch _____ Dinner _____

Are there any eating problems? _____

Is family vegetarian? _____

Does child have any health problems, including allergies, that we should know about?

Has your child had any serious accidents or operations? _____

List illnesses your child has had:

Does your child take any medication regularly? If so, what? _____

Does your child have frequent colds? _____

Explain: _____

Has your child seen a dentist? _____ Any problems? _____

Describe methods of guidance and/or discipline used at home _____

What is your child's usual reaction? _____

Are you anticipating separation problems? _____

Where will you be while your child attends our program? _____

Does your family celebrate holidays? If so, do you want to share with us about special ways you celebrate? _____

I have selected your program for my child because _____

Family's Signature(s) _____
