The best start in life

ENROLLMENT APPLICATION

Child's Name: _____ DOB: _____

Your Child's History

What was your child's birth weight? _____lbs. _____oz.

My child was:

☐ Full-term
☐ Premature

My child was/is fed:

☐ Formula
☐ Breast Milk
☐ Both

What did/does your infant do to self-soothe?

Apgar Score at birth: _____

Gestational Age at birth: _____weeks

My child:

☐ Uses/used a pacifier
☐ Sucks/sucked his/her thumb
☐ Neither

Who is your child's physician? _____ ☐**Pediatrician** ☐**Family Doctor**

At what age did your child:

Smile _____

Roll over from front to back _____

Roll over from back to front _____

Crawl _____

Stand while holding on_____

Walk _____

Feed himself/herself _____

Say his first word _____which was _____

Build a tower of four blocks _____

Say a sentence of two to four words _____

Ride a tricycle _____

Complete a four-piece puzzle _____

Your Child

Please describe your child in five words.

Are there any personality or behavioral traits that it would be helpful for us to know?

Is there anything that frightens your child? How does s/he react to being frightened? How do you respond?

Your Child (continued)

What comforts your child?

What angers or frustrates your child?

How do you respond to your child's negative behavior?

Does your child have any comfort items to help him/her sleep?

On a typical day, what is your child's mood upon waking?

What time does your child go to bed? _____ **What time does your child wake up?** _____

What is your child's nap schedule? (if any)

Does your child typically have trouble sleeping (night terrors, trouble getting to sleep)?

Is your child toilet-trained? If not, what method will you be using for toilet training?

Does your child need any assistance when using the toilet? What type of help does s/he need?

How does your child let you know when s/he needs to use the restroom?

Your Child's Home and Family

Who is in your child's family? Please list the name of each person in the family and his/her age. For the adults in the family, please include the highest level of education achieved and current occupation. (This information is for demographic purposes only.)

Who lives in the family home?

What is the primary language spoken in the family home? Please share a list of familiar words and phrases with your child's teacher.

Does your family have any cultural or religious practices that we should be aware of, such as dietary restrictions? Does your family cultural beliefs incorporate any special celebrations?

Would you be willing to come in to your child's classroom and teach the children about your family's celebrations? Do you have any suggestions as to the best way for BrightPath to incorporate your family's culture into our classrooms?

Are there any special custody arrangements and/or shared parenting arrangements for this child? If yes, please share these arrangements with us.

Is your child currently going through any major transitions, such as divorce, death in the family, new sibling, moving from crib to bed, or a new home?

Do you have any pets at home? If yes, what types of pets and what are their names?

What have your childcare arrangements been thus far?

Food and Fun

How often does your child drink milk, juice or water during the day at home?

Does your child have any favorite foods? What are they?

Does your child have any foods s/he doesn't care for? What are they?

Are there any foods your child should not eat? (Please see your Center Director for a "Child Care Plan for Health Conditions" form if your child has any food allergies or dietary restrictions.)

Where does your child sit at the table (high chair, booster seat, dining chair)?

Expectations

What are your goals for your child this year?

What are you and your child most excited about as you begin our program?

Are you or your child anxious about any part of our program?

Is there any other information about your child that would be helpful for us to know?

Parent Signature:_____ **Date:** _____