

Enrollment Questionnaire

Child's Name: _____

Child's Age: _____

Please answer each question completely. It enables the YWCA McCaskey Child Development to meet your child(ren)'s individual needs:

FAMILY COMPOSITION

1. Tell me about your household. (neighborhood, who lives there, names and relationship to child)
2. Does your child have any parents that do not live in the home? If so, does your child visit with this parent? Are there any custody issues that we should discuss?
3. Does your child have any siblings? If so, what are their names and ages?
4. Does your family have any pets?
5. Does your child respond to any nicknames? If so, what are they?
6. Is there any other information about your family's composition that you would like to share?

CHILD INFORMATION

7. Has your child been in an early learning program or child care before?
8. What kind of care? (e.g. family day care home, relative/neighbor care, group, center)
9. Is there a reason for leaving that program that you would like to share with me?
10. Do you have any of your child's records from that program?
11. How did your child react to other children and adults?
12. What do you think will happen the first day you leave your child with us?
13. Does your child have any imaginary friends?

14. Are there any special problems or fears that we should know about?
15. Does your child do any of the following:
- a. Nail biting:
 - b. Thumb sucking:
 - c. Stuttering:
16. Any special needs (medical, developmental, social, mental health)?
17. Do any of these special needs require special care by our teachers?
18. Does your child have an IEP (Individualized Education Plan) or IFSP (Individualized Family Service Plan)? If so, we would like a copy of the plan so we can provide the best possible learning experience for your child.
19. What programs or individuals work with your children in regards to these special needs? Would you sign a release of information with them so they can speak with us about how to provide enhanced support to your child?
20. Does your child have any allergies? If so, please write your child's reaction to the allergy.
- a. Food Allergies:
 - b. Environmental Allergies:
 - c. Allergies to medicine:
21. How are your child's allergies treated?
22. Do you have any special medical or dietary information for management in an emergency situation (medicine to keep on hand, people to call, etc.)?
23. Describe your child's schedule:
- a. Normal bedtime, waking time, nap time and duration
 - b. Meal times
 - c. Does your child have a different schedule at any other child care settings (babysitter, relative/neighbor care, school)?

24. Is your child potty-trained? If not, are you working on it at home?

25. Finally, is there any other information you would like to share?

Thank you so much for your time! If you have any questions, please call (717)391-8618.