



Pre-enrollment Developmental Checklist

Thank you for taking the time to complete this information as completely as possible. If anything is not applicable at this time, please mark it N/A. Please understand that this information is considered confidential, is viewed in a non-judgmental manner, and will be utilized heavily in meeting your child's individual needs.

Current Date: _____

Child's name: _____ Nickname: _____

Date of Birth: _____ Age now: _____

Gender: _____ Hair: _____ Eyes: _____

Birthmarks: _____ Scars: _____

Enrolling Parent's Name: _____

Home Address: _____

Home: () _____ Work Phone: () _____

Additional Phone Numbers _____

Developmental History:

Child's place of birth: _____

Length of Pregnancy: _____

Any complications during pregnancy?: _____

Length of stay in hospital after birth: mother: _____ child: _____

Child's condition at birth: _____

Feeding concerns: _____

Development delays?: _____

Toileting:

Is your child potty trained? _____

Method used (pull-ups, etc.): _____

Any concerns: _____



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When your child is at home, does he or she still use diapers or pull-ups?

If so, when (nap time, night time, regularly)?

Does your child use the toilet by him/her self?

If not, what is their toileting routine? _____

Can your child undo necessary clothing by him/her self to use the toilet?

Sleeping:

Does your child nap at home? _____

Does your child sleep alone or with you, or both? _____

What is your nap time routine (please include approx. time and length):

What is your child's bedtime routine (please include approx. time and length)?

Sleeping concerns? _____

Nightmares? _____

Eating:

Any dietary modifications? _____

Are these religious or preferential modifications? _____

Any eating concerns? _____

What is your child's eating schedule when at home? _____

Self-help skills:

Which does your child do on a regular basis without substantial adult help (please check all that apply):

_____ Feeding

_____ Dressing

_____ Undressing

_____ Toileting



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Behavior/ Discipline:

What are your child's favorite activities:

Quiet play? _____

Active play? _____

Does your child have any strong fears? _____

Any behavior concerns: _____

Primary type of discipline used outside of school:

Please describe your child's temperament/personality:

How does your child indicate that he/she is upset?

How does your child react to new situations?

How does your child react to persons he/she is unfamiliar with?

Is your child cared for by sitters? _____

If so, how often? _____

Previous group experience:

Has your child had the opportunity to play with other children? _____

In a group? _____ If so, what was the group size? _____

Has your child been in mother's day out, or preschool before? _____



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If so, for what period of time? _____ At what age? _____

What was the group size? _____

How does your child react to other children? _____

Has your child been asked to leave another program, if so why? _____

Family:

Other children in family:

Name: Age: Grade: Living at home? _____

Is there a play area? _____

How long at this address? _____

Has the family lived in other places? _____

If so, where? _____

Has child lived with anyone but yourself? _____

If so, whom? _____

For how long? _____ At what age? _____

What holidays does your family celebrate?

What activities do you enjoy doing together as a family?

Primary language(s) spoken at home: _____



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Words or phrases (in your primary language, especially if other than English) that your child finds comforting: _____

Parents:

Parent 1:

Name: _____

Date of birth: _____

Please circle:

Single Married Divorced Separated Living Together Widowed

Place of employment: _____

Occupation: _____

Approx. work schedule: _____

Living with child? _____

Parent 2:

Name: _____

Date of birth: _____

Please circle:

Single Married Divorced Separated Living Together Widowed

Place of employment: _____

Occupation: _____

Approx. work schedule: _____

Living with child? _____

Other significant adults (step parents, etc.):

Other Adult Name 1: _____

Date of birth: _____



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Relationship to child: _____

Allowed to transport child? _____

Living with child? _____

Place of employment: _____

Occupation: _____

Approx. work schedule: _____

Other Adult Name 2: _____

Date of birth: _____

Relationship to child: _____

Allowed to transport child? _____

Living with child? _____

Place of employment: _____

Occupation: _____

Approx. work schedule: _____

With whom does your child reside? _____

If parents are divorced, has custody been awarded? _____ To whom? _____

If joint custody, what is child's schedule in each home? _____

Visitation schedule? _____

Any recent changes in your child's life? _____

Any anticipated changes? _____

Do primary caregivers travel for work? _____

If so, how often (approx.)? _____



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How does child's living situation change during these periods of travel? (nannies, sitters, family, etc.)

Previous Childcare References:

Reference 1:

Name: _____

Address: _____

Phone Number: _____

How long was child under care?: _____

Reason for leaving?: _____

Reference 2:

Name: _____

Address: _____

Phone Number: _____

How long was child under care?: _____

Reason for leaving?: _____