



CHILDREN'S ENRICHMENT CENTER 2010 - 2011 Enrollment Form

Child's Name _____ Home Tel# _____
Name child is called _____ Birth date ____/____/_____
Address _____ Zip _____
Email address _____ Attended last year? ____ yes ____ no
Religious affiliation _____
Father's name _____ Occupation _____
Employer _____ Daytime Tel# _____
When is a good time to reach you at work? _____ Pager/Cellular # _____
Mother's name _____ Occupation _____
Employer _____ Daytime Tel# _____
When is a good time to reach you at work? _____ Pager/Cellular# _____
Child lives with ____ both parents ____ Mom only ____ Dad only ____ Other _____
Other children in family (in birth order)
Name (what child calls him/her) _____
_____ Age _____
_____ Age _____
_____ Age _____

General Information

- Sleep and nap habits

- Eating times and habits

- Dislikes and fears

- What helps to comfort your child?

- Favorite activities, special interests and toys

- Favorite stories and songs

- Favorite foods (also list any special food considerations which we should know about)

- Important people in child's life outside of family

- Special pets

- If your child speaks another language, please specify _____
- Please tell us about your child's previous preschool daycare or Mother's Day Out experience(s).

What routines or activities did your child particularly enjoy? _____

In what ways did the teachers and/or staff interact with you, the parents that you found were particularly helpful? _____

Was there anything about the program that you, the parents, found particularly difficult or unsatisfying? _____

- Behavior habits – strengths and weaknesses _____

- What methods of discipline work for you? _____
- Other helpful information for the teacher to know _____

Health Information

- Has your child had any of the following?
_____ Chicken Pox _____ Mumps _____ Measles _____ Hepatitis
- Does your child have frequent:
_____ colds _____ coughs _____ ear infections _____ asthma* _____ tonsillitis
_____ high fever _____ upset stomach _____ other _____
- Does your child have abnormalities of the skin? (i.e. frequent rashes) _____
If so, where? _____
- Are bowel and bladder functions normal for child of this age? If not, describe _____

- Does your child have allergies (i.e. foods, medications, etc.)? _____
What reactions does your child have? _____
- Does your child take any medication on a regular basis that will need to be administered at school? If so, describe _____
- Does your child have any dietary restrictions? If so describe _____

- Please list any other health related information about your child that we might need _____

*If your child is diagnosed with severe asthma, prescription and administering information should be kept on the CEC premises. If your child has severe allergies to food or insect bites, emergency medication must be kept on CEC premises.