

Kindergarten/ School Age Admission

Child's Name _____ Birthdate _____

Personal History

Type of Birth Normal _____ Premature _____ Complications _____

Who lives in the household? _____

What languages are spoken in the household? _____

What holidays/ special occasions does your family celebrate? _____

Has your child had previous experience in child care? _____

Does your child: Tie shoes _____ Able to zip _____ / Button _____ Recognize name _____

Print name _____ Dress self independently _____

Special Interest

Please Check: Books _____ Puzzles _____ Blocks _____ Coloring _____ Imaginative Play _____
Outside Play _____ Other _____

Health

Does your child have any medical concerns? Constipation _____ Asthma _____ Hay Fever _____

Allergies _____ Other _____

Has your child had any of the following communicable diseases?

Measles (Big Red) _____ Measles (3 Day) _____ Mumps _____ Chicken Pox _____

Whooping Cough _____

Has your child had any serious illnesses or hospitalizations? _____

Does your child have any physical disabilities? _____

Are there any medications given on a regular basis? _____

Sleeping Habits

What time does your child go to bed? _____ Awaken _____

Does your child sleep through the night? _____

Where does your child take naps and sleep at night? _____

What is your child's nap schedule? _____

How does your child settle at nap and bedtime? _____

Feeding

Please check the following that apply:

School Milk _____ Home Milk _____

School Food _____ Home Food _____

Is your child a fussy eater? _____

Does your child have any dietary Restrictions or Food Allergies? _____

Are there any Food Allergies in the family? _____

Toilet Habits

Is your child able to verbally indicate their bathroom needs? _____

Can your child use the bathroom independently, including wiping and washing their hands? _____

Social Relationships

Who cares for your child when you are not with him/her? _____

How does your child separate from you? _____

How does your child relate to strangers? _____

What causes your child to become upset? _____

What techniques do you use to calm your child? _____

Does your child enjoy playing alone? _____ With other children? _____

Comments