

Please circle the days your child will attend the center:

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

Arrival Time _____ Departure Time _____

Mother/Guardian _____ Place of Employment _____

Father /Guardian _____ Place of Employment _____

Parents Marital Status: Married Single Divorced Separated

If divorced or separated how long _____

Custody/Visiting arrangements: _____

Sibling and other family members living at home:

Name _____ Relationship to Child _____ Age _____

Name _____ Relationship to Child _____ Age _____

Name _____ Relationship to Child _____ Age _____

Please Circle Appropriate answer:

Has your child ever attended childcare or preschool?

YES

NO

If yes for how long _____

By nature is your child friendly _____ shy _____ aggressive _____

Is your child frightened by any of the following?