



# Early Childhood Enrollment Registration Checklist

Please make sure to bring this check list with you upon registration. Please make sure you have all the following when coming in to register your child/children. We will not accept any paperwork unless its **100% complete** with all documents signed. (Registration will occur annually). **All Balances need to be at \$0 before registration can be accepted.** We will be accepting registration Monday – Friday, 1:00pm – 5:00pm starting March 1, 2022.

## All Programs and Services

*(This includes Full week paid programming families, CCDF receiving families, and OMWPK receiving families)*

- \_\_\_\_\_ Registration Packet with appropriate signatures
- \_\_\_\_\_ Registration Fee of \$60 (CCDF/OMWPK \$0 Registration Fee)
- \_\_\_\_\_ Payment for 1<sup>st</sup> week
- \_\_\_\_\_ Up to date Shot Records (immunizations)
- \_\_\_\_\_ Physical dated within 30 days of admission & signed by Doctor or NP
- \_\_\_\_\_ Birth Certificate (if not on file already)
- \_\_\_\_\_ CCDF/OMWPK Approval Letter (if receiving vouchers)
- \_\_\_\_\_ Completed CACFP application

\_\_\_\_\_ **ALL DOCUMENTS RECEIVED AND COMPLETE**

<b><u>Office Use Only:</u></b>	<b><u>Date</u></b>	<b><u>Initials</u></b>
Contract:	_____	_____
Pin Code Letter:	_____	_____
Updated Info in Procure:	_____	_____
Tuition Updated:	_____	_____
<b>Staff Signature:</b> _____		<b>Date:</b> _____





## HAWTHORNE EARLY CHILDHOOD INTAKE AGREEMENT

Parent Initials

- \_\_\_\_\_ 1. I have had explained to me the following policies, and I have received a copy of the Parent Handbook which contains these policies. I understand that for my child to be enrolled and attend Hawthorne Community Center, I agree to follow and abide by the policies. I understand that if I fail to follow and abide by the policies, childcare services can be terminated. I understand that Hawthorne Community Center sets all policies and procedures based on compliance with state licensing regulations. I understand that at times there may need to be an addendum made to the handbook and I must read and sign that I agree to follow any new policies.
- \_\_\_\_\_ 2. I understand the center is open from 6:30AM to 6:00PM Monday through Friday except for Closing dates in the Youth Programs Handbook and Posted on the parent board or in extreme circumstances.
- \_\_\_\_\_ 3. I understand my child will only be released to those persons I have named on the "Emergency & Participant Release Form".
- \_\_\_\_\_ 4. I understand the payment and tuition policies of Hawthorne Community Center.
- \_\_\_\_\_ 5. I understand the Discipline Policy and Behavior Management Procedures as presented in the Parent Handbook and understand the behaviors that will not be allowed by my child.
- \_\_\_\_\_ 6. I understand the following items as presented in the Parent Handbook:
  - Youth Programs and Activities
  - Parental Involvement
  - Health, Nutrition and Safety
  - Center Hours and Routine
  - Registration and Fees
  - General Policies and Information
  - Discipline
  - Early Childhood Information
  - School Age Information
- \_\_\_\_\_ 7. I understand that childcare for my child may be terminated for failure to comply with any the policies and procedures listed in the Parent Handbook.
- \_\_\_\_\_ 8. I give my permission for Hawthorne to report the name and birthdate of my child to the Division of Family and Children Services pursuant to IC12-17.2-2-1.5
- \_\_\_\_\_ 9. I understand my child will have the opportunity to access technology and online activities through the internet. I understand that this is a privilege that may be taken away if my child does not adhere to the Acceptable Use of Technology Consent form included in the registration packet.
- \_\_\_\_\_ 10. I give Hawthorne permission to contact me via text message and email with important information like center closings. I understand that standard message and data rates may apply.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hawthorne Intake Signature

\_\_\_\_\_  
Date

HAWTHORNE COMMUNITY CENTER  
2440 W. OHIO ST.  
INDIANAPOLIS, IN 46222

PHONE (317) 637-4312  
FAX (317) 637-8216

Tonya Ayris, Director of Youth Programs



United Way  
of Central Indiana



**HAWTHORNE EARLY CHILDCARE REGISTRATION 2022/2023**  
(Please Print)

This registration represents a request for admission. It must be accompanied by a registration fee of \$60-and first-week payment, which will be returned only if the Center is unable to accept the registration. The registration is not binding. A place will be reserved for the participant when the contract, duly executed, is returned to the Center.

**NAME OF PARTICIPANT:** \_\_\_\_\_

**NAME OF PARENTS/GUARDIANS**

FATHER \_\_\_\_\_

MOTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

EMPLOYER PHONE \_\_\_\_\_

EMPLOYER PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EMAIL \_\_\_\_\_

**HAWTHORNE COMMUNITY CENTER APPLICATION AGREEMENT**

I, \_\_\_\_\_, (print parent/guardian name) the parent of \_\_\_\_\_ (print child name) understand that the Hawthorne Community Center has offered my child a scholarship to attend the program.

My signature below indicates my understanding and acceptance of the following conditions that must be met in order for my family's account to remain in good standing and maintain eligibility for the scholarship.

- The market rate for my child's age group is \$229 a week
- Payment is due no later than Friday of the week preceding attendance, by close of business
- All payments must be made on time and in full
- Returned checks will result in a \$36 fee and personal checks will no longer be accepted
- Scholarship availability is dependent on space and demand
- Hawthorne Community Center reserves the right to increase tuition at any time. Hawthorne Community Center will provide as much advance notice as possible
- A signed scholarship agreement must be on file for my child
- Failure to comply with any of the conditions listed above may result in loss of Scholarship eligibility

I have reviewed and agree to the terms and conditions listed above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hawthorne Intake Signature

\_\_\_\_\_  
Date



**EMERGENCY AND PARTICIPANT RELEASE FORM**

CHILD'S NAME: \_\_\_\_\_

**PERSONS WITH LEGAL CUSTODY OF CHILDREN:**

I understand that by listing the following names and phone numbers, I hereby give permission to Hawthorne Community Center to release the above-mentioned participant to these persons. I understand that the participant will not be released to anyone not listed on this unless the parent/guardian has communicated via telephone with Early Childcare Manager or Director of Youth Programs. I understand that whoever brings or picks up my child, must make sure that the appropriate staff member is aware of their arrival or departure, sign for the child's release and present ID upon request. Children will not be released to anyone, including parents, who appear to be under the influence of drugs or alcohol. Emergency contacts will be called to transport the child home.

**MOTHER OR GUARDIAN:**

**FATHER OR GUARDIAN:**

Names: \_\_\_\_\_

Name: \_\_\_\_\_

**OTHER EMERGENCY AND PICK UP CONTACTS OTHER THAN PARENTS/GUARDIANS:**

- |                     |                       |       |
|---------------------|-----------------------|-------|
| 1. _____            | _____                 | _____ |
| NAME / RELATIONSHIP | ADDRESS/CITY/ZIP CODE | PHONE |
| 2. _____            | _____                 | _____ |
| NAME / RELATIONSHIP | ADDRESS/CITY/ZIP CODE | PHONE |
| 3. _____            | _____                 | _____ |
| NAME / RELATIONSHIP | ADDRESS/CITY/ZIP CODE | PHONE |

\*If needing to add more emergency and pick up contacts please ask staff member for additional sheet.

**If there is anyone prohibited by court order, from having contact with your child, their names must be listed below, and we must have the order on file.**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

I have read and understand the information required on this form. I understand that it is my responsibility to keep the information on this form current, and that my child may be discharged if I fail to do so.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hawthorne Intake Signature

\_\_\_\_\_  
Date



**MEDICAL EMERGENCIES INFORMATION**

Permission is hereby granted to the Center and its staff to procure medical treatment for the participant in case of injury or accident or otherwise by a doctor, hospital or clinic chosen by the Center, at the expense of the undersigned. This agreement and the rights and duties hereunder may be assigned or delegated, in whole or in part, by either party hereto. I further grant the facility and its staff, to render lifesaving medical care such as CPR and First Aid to my child. I also agree to resume financial responsibility for any medical treatment my child needs.

Child's Name: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

If the emergency is critical, we will send your child to **Riley Children's Hospital at 705 Riley Hospital Drive Indianapolis, IN 46202 Phone (317) 944-5000.**

Preferred Hospital: \_\_\_\_\_  
NAME Phone Number ADDRESS

Physician's Name: \_\_\_\_\_  
NAME Phone Number ADDRESS

Dentist's Name: \_\_\_\_\_  
NAME Phone Number ADDRESS

Name of Insurance: \_\_\_\_\_ Policy# \_\_\_\_\_

Child's MRN#: \_\_\_\_\_

Does your child receive mental health services? YES or NO

IF YES, WHO IS THE CHILD'S MENTAL HEALTH PROVIDER: \_\_\_\_\_

PLEASE LIST ANY INFORMATION REGARDING THE SOCIAL, EMOTIONAL AND PHYSICAL DEVELOPMENT OF YOUR CHILD: \_\_\_\_\_

I have read and understand the information required on this form. I understand that it is my responsibility to keep the information on this form current, and that my child may be discharged if I fail to do so.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**ACCEPTABLE USE OF TECHNOLOGY CONSENT FORM**

We are pleased to offer our youth access to the Center’s computers, network, and technology for educational purposes. Parents and youth are advised that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. The Center cannot guarantee that filtering software will in all instances successfully block access to all inappropriate materials.

**To gain access to the Internet, any online digital locker or network storage accounts, email, and any other Center electronic technologies, all participants must sign this form.**

Access to Center technology is a privilege, not a right. The Center’s electronic network is part of the curriculum and is not a public forum for general use. Please carefully read the Acceptable Use of Technology policy. Violations may result in disciplinary action. Violations can include but are not limited to:

- **Sending or displaying offensive pictures or graphics.**
- **Using obscene language.**
- **Harassing, insulting, threatening or abusing other network users.**
- **Violating copyright laws.**
- **Using another user’s account and password.**
- **Damaging computers, personal or network files.**
- **Trespassing in another user’s private files.**
- **Attempting to circumvent network security.**

Unless otherwise instructed by Center personnel, youth shall not disclose, use, or disseminate personal identification information about themselves or others when using email, chat rooms, or other forms of direct electronic communication. Youth are also cautioned not to disclose such information by other means to individuals contacted through the Internet without the permission of their parents/guardians. Personal information includes the youth’s name, address, telephone number, Social Security number, or other individually identifiable information

By signing this agreement, I/we are signifying that I/we agree to abide by the terms of the Acceptable Use Policy. I/we understand that the computer network/computers are to be used solely for educational purposes and that there is no expectation of privacy with respect to the use of the same.

**Youth & Parent Review**

I understand that my child’s computer use, the use of other technologies while at the Center or connected to its servers, and any electronic communication and storage systems (including email and student folders, digital lockers, and class/student websites) are not private and that the Center has the right to monitor my activity.

I have read and reviewed the Acceptable Use of Technology policy and agree to abide by these rules. I understand that violation of the policy may result in disciplinary action, including loss of technology privileges, suspension or expulsion, or legal action.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parental Consent**

I have read the Center’s Acceptable Use of Technology policy. In consideration for the privilege of my child using the District’s electronic communications system, and in consideration for having access to the public networks, I hereby release Hawthorne Community Center its operators, employees, or agents and any institutions with which they are affiliated from any and all claims and damages arising from my child’s use of, or inability to use, the system, including, without limitation, the types of damage identified in the Center’s Acceptable Use of Technology policy and administrative regulation.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Hawthorne Intake Signature \_\_\_\_\_ Date \_\_\_\_\_







**HAWTHORNE COMMUNITY CENTER  
CLIENT STATISTICAL INFORMATION**

PROGRAM CODE: \_\_\_\_\_

Application Date: \_\_\_\_\_

**YEAR: 2022/2023**

**PARTICIPANT'S NAME:** \_\_\_\_\_ **SEX:** \_\_\_\_\_  
 Last First MI

**ADDRESS:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_ **AGE AS OF 8/1/2022** \_\_\_\_\_

**RACE:**  Caucasian  African American  Asian  Bi-Racial  American Indian/Alaskan Native  Other

**ETHNICITY:**  Hispanic  Latino  No Hispanic/No Latino **FREE OR REDUCED LUNCH: YES OR NO**

**RESIDE W/ BOTH PARENTS: YES OR NO** **SINGLE PARENT:**  Male  Female  Grandparent  Other

**DISABILITY:** \_\_\_\_\_ **21<sup>ST</sup> CENTURY SCHOLAR: YES OR NO**

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FAMILY MEMBERS**

LAST	FIRST	MI	REL	AGE	Birthdate MO DA YR	SEX	College Graduate YES/NO

**Total Number In Household:** \_\_\_\_\_

**▲ RELATIONSHIP**

1. Spouse
2. Child
3. Other Relation
4. Not Related
5. Parent
6. Grandchild
7. Grandparent

Monthly Family Income	Income
SOURCE	AMOUNT
Wages	
TANF	
SSI Disability	
Social Security	
Pension	
Unemp. Comp.	
Food Stamps	
Child Support	
<b>TOTAL YEARLY INCOME \$</b>	

**DISCLOSURE PRIVACY STATEMENT**

SERVICES WILL BE PROVIDED WITHOUT DISCRIMINATION BECAUSE OF RACE, AGE, COLOR, RELIGION, SEX, HANDICAP, NATIONAL ORIGIN OR ANCESTRY  
 THIS AGENCY IS REQUESTING INFORMATION NECESSARY TO COMPLY WITH THE REQUIREMENTS OF FUNDERS OF THIS PROGRAM. I UNDERSTAND THE INFORMATION ON THIS FORM WILL BE KEPT CONFIDENTIAL BUT MAY BE SHARED WITH OTHER AGENCIES TO WHICH I MAY BE REFERRED FOR SERVICES. I UNDERSTAND I MAY BE REQUESTED TO VERIFY THESE STATEMENTS, AND GIVE MY CONSENT TO THIS AGENCY TO MAKE ANY NECESSARY CONTACTS TO VERIFY ANY STATEMENT. DISCLOSURE OF INFORMATION RELATING TO RACIAL/ETHNIC BACKGROUND, SEX, MARITAL STATUS, OR HANDICAP IS STRICTLY VOLUNTARY. STATISTICAL INFORMATION WILL BE PROVIDED TO THE FUNDERS OF THIS PROGRAM. FOR THE PURPOSE OF BETTER PLANNING AND DELIVERY OF SERVICES TO THE COMMUNITY. I UNDERSTAND THAT MY REFUSAL TO ALLOW THIS WILL NOT PREVENT MY RECEIVING ANY SERVICES FOR WHICH I AM ELIGIBLE AND THAT I HAVE THE RIGHT TO CORRECT OR DELETE ANY PORTION OF IT AT ANY TIME.  
 I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND MY RIGHTS AND OBLIGATIONS AND HAVE RECEIVED A COPY OF THEM.

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Intake Signature**



## WAIVER, RELEASE OF LIABILITIES, AND CONSENT TO MEDICAL ATTENTION

In exchange for my being allowed to participate in, receives services from, be eligible for any program/service provided by Hawthorne Community Center or collaborative agency, I and if I am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound by each of the following:

- 1. Obligation to inspect the Facilities and Equipment. I agree that prior to participating/receiving services, I will inspect the facilities and equipment to be used. If I believe anything is unsafe, I will immediately advise Hawthorne Community Center of such unsafe condition(s) and refuse to participate /accept services.
2. Identification of Risks. I understand that participant's receipt of services involves risks and may result in injury, including permanent disability and death, and other losses, both to person and property. I understand that these injuries and losses might result from the actions, inactions, negligence, or conduct of others, the rules of the activity/service or the condition of the premises or of any equipment used.
3. Assumption of Risk. I assume all risks, known and unknown, in any way connected with my participation receipt of services at/from Hawthorne.
4. Waiver and Release. I waive, release, and hold harmless Hawthorne Community Center and each affiliated organizations, divisions, directors, officers, successors, and assigns from all claims for any liability, injury, loss, or damage in anyway connected with my participation/receipt of services at Hawthorne, whether or not caused in whole or part by the negligence or other misconduct of any organizations or individuals mentioned above. I intend for this waiver and release also to apply to any relatives, personal representatives, heirs, beneficiaries, next to kin, or assignees who might pursue any legal action or claim for such liability, injury, loss or damage.
5. Consent to Medical Treatment. I agree that Hawthorne may provide to me through medical personnel of its choice, customary medical of training assistance, transportation, and emergency medical services. The consent does not impose a duty upon Hawthorne to provide such assistance, transportation, or services.

I HAVE READ THIS WAIVER, RELEASE, AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE, AND CONSENT VOLUNTARILY. I WAS AFFORDED THE OPPORTUNITY TO HAVE THIS DOCUMENT READ TO ME.

CHILD'S NAME PARENT/GUARDIAN SIGNATURE DATE

If the person participating/receiving services from Hawthorne is not yet 18 years old, a parent or legal guardian must sign below: As parent or legal guardian of the above named child, I verify that I fully agree to, understand, and accept all provisions of this Waiver, Release, and Consent.

CHILD'S NAME PARENT/GUARDIAN SIGNATURE DATE

## AGREEMENT

I understand and will comply with the following conditions:

- 1. I will comply with all of the Hawthorne Center operating policies and all of the program policies or service delivery policies appropriate to the program or service I am participating in and/or a service recipient of said activity/service.
2. Failure to comply with policies and/or guidelines may result in my being denied services, participation, and being asked to leave the premises.
3. All programs and/or services are provided without regard to sex, race, religion, national origin, ancestry, handicap, or sexual preference.
4. I have been given policies which relate to specific programs and/or services, as appropriate and I know the overall agency policies are posted.
5. I understand I may not participate without having paid my registration and/or program fees and no refunds are given unless cancellation of the program.
6. I understand that under Center staff supervision, be allowed to participate on any equipment, be transported to and from the agency, or field trips, and participate in Center sponsored activities outside the facility.
7. I understand that as a participant, I may be transported by Hawthorne and Hawthorne assumes no liabilities as a passenger.

CHILD'S NAME PARENT/GUARDIAN SIGNATURE DATE



## **DROP-OFF/PICK-UP FORM**

### **Drop-off:**

- Hawthorne Community Center doors open at 6:30AM.
- Parents/guardian must come inside the building and sign-in children when they arrive. There will be **no exceptions** to this policy. When a parent/guardian signs a child in, this acknowledges that the child is now under the care and supervision of Hawthorne Community Center and remains Hawthorne Community Center's responsibility until pick-up at the end of the day.
- All children must be signed in the system before 9:00AM. Failure to do so may result in your child not being able to attend Hawthorne Early Childhood program unless prior arrangements have been made with Early Childhood Manager or Director of Youth Programs (ex. Doctor's statement.)

### **Pick-up:**

- Hawthorne Community Center's doors close promptly at 6:00PM.
- All students must be picked-up no later than 6:00PM. If a parent/guardian is late, the parent's account will be charged \$1 per minute, per child after 6:00PM.
- Parent/guardian must come inside to sign-out their child out. There will be **no exceptions** to this policy. When a parent/guardian signs a child out, this acknowledges that the child is now under their care and supervision and is no longer Hawthorne Community Center's responsibility.
- If a parent/guardian is unable to pick up their child, the student will **ONLY** be released to individuals listed on the "emergency and participant release form" list on that child's program application form unless the parent/guardian has communicated via telephone with Early Childhood Manager or Director of Youth Programs. You will have 24 hours to come in to complete an update/change form. Staff will ask to see I.D. and verify their name to the child's application, if someone they do not know arrives to pick up a child.
- Students will not be released to anyone, including parents, who appear to be under the influence of drugs or alcohol. Emergency contacts will be called to transport the child home.

By signing below, I certify that I have read and agree to abide by the Hawthorne Community Center Drop-off/Pick-up Policy as listed above.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hawthorne Intake Signature

\_\_\_\_\_  
Date



**Authorization to Use and/or Disclose Protected Health & Educational Information**

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_  
Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
School Attending: \_\_\_\_\_  
Printed Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

- I hereby request & authorize my child's school district to furnish any and all information related to attendance, discipline reports, grade reports, and testing results, including written and electronic information for the student listed above to the Hawthorne Community Center
- I also hereby request & authorize the Hawthorne Community Center to furnish to \_\_\_\_\_ (school name), any and all information related to school data, including verbal Communication for the student listed above for each of the following reports:

Attendance reports                                      Medical Files                                      Case conference reports/IEP's  
Grade Reports/Testing Reports                      Immunization Reports

- I hereby request & authorize \_\_\_\_\_ (school name), to verbally communicate with and/or furnish any and all of the above files to the Hawthorne Community Center.

This information will be used to develop an educational program for the student(s) listed above. This authorization may be revoked at any time by the undersigned by giving written notice to the center. Revocation of the authorization will not affect any action taken in reliance on this authorization before your school's receipt of the notice of revocation. By authorizing disclosure of the student's health information in accordance with this authorization, the student's health information may be further disclosed and may no longer be protect by Federal health information privacy laws.

This authorization will expire at the conclusion of the student's tenure at the Hawthorne Community Center.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

# Getting to Know Your Child Form

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Shirt size: \_\_\_\_\_ Pant/skirt Size: \_\_\_\_\_

Current Age: \_\_\_\_\_

Child resides with [circle one] -Mother-Father-Both Parents- Grandparents-Other: \_\_\_\_\_

Favorite Color: \_\_\_\_\_

- Any Known Allergies (food or other)? \_\_\_\_\_
- Any Special Needs or Medical Conditions? \_\_\_\_\_
- Does your child have any special fears/phobias? \_\_\_\_\_
- Does your child have any food preferences or major dislikes? \_\_\_\_\_
- What other childcare experiences has your child had? \_\_\_\_\_
- What are some ways that your child plays at home? \_\_\_\_\_
- What are some of your child's favorite toys? \_\_\_\_\_
- How does your child get along while playing with other children? \_\_\_\_\_
- If your child had a disagreement with another child, is he or she used to getting his or her way? \_\_\_\_\_
- How has he or she typically reacted if he/she did not get his/her way? \_\_\_\_\_
- Is your child accustomed to taking naps? If yes, is there a set schedule? \_\_\_\_\_
- Is your child fully potty trained? \_\_\_\_\_
- Anything else you want to share about your child:  
\_\_\_\_\_  
\_\_\_\_\_