



Washington DCJCC Preschools

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ENROLLMENT INFORMATION SHEET

Date _____

Child's name _____

Name child is usually called _____

Child's birth date _____ Sex _____

A. Personal History

Parent name _____ Occupation _____

Parent name _____ Occupation _____

Sibling(s)' names:

Birth dates:

B. Experiences and Characteristic Ways of Behaving

1. How many other homes has your child had?
2. Does your child play frequently, occasionally or rarely with other children his/her age?
3. What other experiences has your child had in care while you work?
4. What pets, if any, do you have in your home?
5. Under what circumstances does your child become easily upset or concerned?

6. What helps reassure him/her when upset?
7. What fears does your child have?
8. To what methods of setting limits does your child respond?
9. Check the adjectives below which you feel are the most characteristic of your child at the present time.

- | | | |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> active | <input type="checkbox"/> determined | <input type="checkbox"/> intelligent |
| <input type="checkbox"/> affectionate | <input type="checkbox"/> happy | <input type="checkbox"/> patient |
| <input type="checkbox"/> aggressive | <input type="checkbox"/> high strung | <input type="checkbox"/> pleasant |
| <input type="checkbox"/> agile, deft | <input type="checkbox"/> independent | <input type="checkbox"/> quarrelsome |
| <input type="checkbox"/> bored | <input type="checkbox"/> impatient | <input type="checkbox"/> quiet |
| <input type="checkbox"/> clumsy | <input type="checkbox"/> impudent | <input type="checkbox"/> relaxed |
| <input type="checkbox"/> cooperative | <input type="checkbox"/> impulsive | <input type="checkbox"/> secretive |
| <input type="checkbox"/> creative | <input type="checkbox"/> irritable | <input type="checkbox"/> slow thinking |
| <input type="checkbox"/> curious | <input type="checkbox"/> likeable | <input type="checkbox"/> sociable |
| <input type="checkbox"/> daring | <input type="checkbox"/> messy | <input type="checkbox"/> stubborn |
| <input type="checkbox"/> demanding | <input type="checkbox"/> meticulous | <input type="checkbox"/> talkative |
| <input type="checkbox"/> enthusiastic | <input type="checkbox"/> moody | <input type="checkbox"/> thoughtful |
| <input type="checkbox"/> excitable | <input type="checkbox"/> musical | <input type="checkbox"/> whiny |
| <input type="checkbox"/> fastidious | <input type="checkbox"/> negative | <input type="checkbox"/> timid |
| <input type="checkbox"/> fearful | <input type="checkbox"/> obedient | <input type="checkbox"/> worried |

Other (please specify):

10. Which activities does your child particularly enjoy?

- | | | | |
|-----------------------------------|--------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> painting | <input type="checkbox"/> walks | <input type="checkbox"/> puzzles | <input type="checkbox"/> coloring |
| <input type="checkbox"/> dress up | <input type="checkbox"/> singing | <input type="checkbox"/> blocks | |
| <input type="checkbox"/> park: | <input type="checkbox"/> slide | <input type="checkbox"/> swing | <input type="checkbox"/> climbing |
| <input type="checkbox"/> games: | <input type="checkbox"/> hide & seek | <input type="checkbox"/> duck, duck, goose | <input type="checkbox"/> other? |

11. What characterizes her/his social interactions with adults?

___ accepting

___ imaginative

___ instigative

___ affectionate

___ independent

___ willful

___ demanding

___ other:

C. Food Preferences

1. Is your child allergic to any foods now? If not, please answer “no.” If so, please list:
2. What foods are favorites?

D. Patterns of Sleeping

1. When does she/he go to bed at night?
2. When does she/he get up in the morning?
3. Are there any difficulties at nap or bedtime? If so, please describe:
4. Does she/he have any favorite comforting devices, such as bottle, blanket or toys she/he uses in going to sleep?

E. Languages

1. Is your child exposed to any languages other than English? If so, which ones?
2. Does your child have any special words to describe needs?

F. Toilet Training

1. What words does your child use for urination?
2. What words does your child use for bowel movements?
3. He/she indicates bathroom wishes... ___ all the time ___ sometimes
 ___ most of the time ___ never

G. Physical Health

1. Does your child have any difficulties of vision, hearing, motor skills or unusual abilities or disabilities of which you are aware? Please describe:

H. Summary

1. Is there anything else that you can tell us about your child that will help us better understand and help him/her in our care?
2. In what particular ways can we help your child this year?
3. Do you have any interests, hobbies or talents which you would like to share with the children?