



## ENROLLMENT SUMMARY 2010-2011

Dear Parent:

To insure your child's having a successful initial school experience, it is important that the teacher know something of your child's pre-school background. For this reason, you are asked to respond to the following questions. Your cooperation is appreciated. All information will be kept confidential.

### General Information:

Child's Full Name \_\_\_\_\_

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Cell Phone Numbers: \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_

### Family Information:

Father's Name \_\_\_\_\_

Present Occupation \_\_\_\_\_ Business Telephone # \_\_\_\_\_

Does Father's business require him to be out of the city frequently? \_\_\_\_\_

Mother's Name \_\_\_\_\_

Present Occupation \_\_\_\_\_ Business Telephone# \_\_\_\_\_

Does Mother's business require her to be out of the city frequently? \_\_\_\_\_

Child lives with \_\_\_\_\_ Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Describe Current Residence (house, apartment) \_\_\_\_\_

Siblings Name	Sex	Age	School/Grade
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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What is your family's primary language (i.e. English, Spanish, etc.)? \_\_\_\_\_

Has anyone else helped rear this child? \_\_\_\_\_

If you are separated or divorced, please describe the custody arrangement. \_\_\_\_\_

How many times has the child been away from his/her parents for more than one day at a time?

How did the child feel about you being away? \_\_\_\_\_

Are there any illnesses in your family that seriously affect your family or your child?

Has your child had any kind of traumatic experience of which the school needs to be aware of?

Does someone regularly read to your child? \_\_\_\_\_

When you read to your child, does she/he listen? \_\_\_\_\_ usually \_\_\_\_\_ sometimes \_\_\_\_\_ rarely

**General Health:**

What is the child's usual bedtime? \_\_\_\_\_

Does the child usually have an afternoon quiet time/nap? \_\_\_\_\_

If your child still takes a nap, what does he/she do to have a successful nap? Example –Anthony sleeps with a blanket with the blinds closed.

Please describe any unusual fears or nervous habits \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

If not, is he/she working on toilet training? \_\_\_\_\_

What are your child's eating habits? Do they use a spoon, finger feed; take a bottle, sipper cup, etc.?

Does your child have any known allergies? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does your child have any medical problems, or conditions, such as an allergy or toileting concerns which might affect his/her participation in the program? \_\_\_\_\_

**Social Development:**

What makes your child happy? What is their favorite thing to do? \_\_\_\_\_  
\_\_\_\_\_

Do playmates visit your child and how often? \_\_\_\_\_

How old are the playmates? \_\_\_\_\_younger \_\_\_\_\_older \_\_\_\_\_same age

Describe your child's play when he/she plays alone? \_\_\_\_\_  
\_\_\_\_\_

How does your child usually spend a day at home during good weather? \_\_\_\_\_  
\_\_\_\_\_

How many hours are usually spent each day watching TV? \_\_\_\_\_

List several of your child's favorite playthings \_\_\_\_\_  
\_\_\_\_\_

What experiences has your child had with music? \_\_\_\_\_

Indicate schools/pre-schools he/she attended prior to this year

School	Year
_____	_____
_____	_____

How did your child feel about this experience? \_\_\_\_\_

Were there any problems with this experience? \_\_\_\_\_

**Development of Personal Skills:**

Does your child dress himself/herself? \_\_\_\_\_yes \_\_\_\_\_no

Has your child had experience with crayons? \_\_\_\_\_yes \_\_\_\_\_no

Has your child had experience with paints? \_\_\_\_\_yes \_\_\_\_\_no

Has your child had experience with scissors? \_\_\_\_\_yes \_\_\_\_\_no

Can your child throw a ball? \_\_\_\_\_yes \_\_\_\_\_no

Can your child catch a ball? \_\_\_\_\_yes \_\_\_\_\_no

Does your child ride a bicycle? \_\_\_\_\_yes \_\_\_\_\_no

Does your child put away toys by himself/herself \_\_\_\_\_yes \_\_\_\_\_no

Does your child seem to be \_\_\_\_\_right-handed? \_\_\_\_\_left-handed?

List any responsibilities your child has at home. \_\_\_\_\_  
\_\_\_\_\_

**Parents' Impressions and Attitudes:**

What means of discipline work best for your child? \_\_\_\_\_  
\_\_\_\_\_

What causes your child to become upset or angry? \_\_\_\_\_  
\_\_\_\_\_

What additional information do you feel would help your child's teacher? \_\_\_\_\_  
\_\_\_\_\_

What do you feel are the most important things the preschool year can do for your child? \_\_\_\_\_  
\_\_\_\_\_

What is your expectation for your child at Incarnation Preschool? \_\_\_\_\_  
\_\_\_\_\_

Would you be available to help with your child's preschool program?

In the classroom?     yes     no

At home?                 yes     no

Parents, please list any special interests or hobbies that you could be shared with the class.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional information you would like to share about your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_