



ENROLLMENT APPLICATION

CHILD'S INFORMATION

Date _____

Child's Name:	Address:
Birthdate:	Age: Age Verification:
Child's Nickname:	Child Lives With:

PLEASE INDICATE SOME OF YOUR CHILD'S FAVORITE THINGS BELOW

Food	Toys	Activities	Books	Characters
Songs	Games	People	Security Item	Other

Please answer the following questions about your child, doing so will help Primary Colors provide the best care possible for your child's individual needs.

1. Does your child have any known allergies? Yes____ No____ If yes, please list them below.

2. Does your child have any food restrictions? Yes____ No____ If so, please list them below.

3. Has your child ever attended a preschool? Yes____ No____ If yes, what type (childcare center, home daycare, public school, or other)

4. Was it a positive experience for your child? Yes____ No____ Please explain in the space below.

5. What do you expect your child to learn while attending Primary Colors?

6. How does your child feel about attending preschool and being left by his/her parent/guardian?

Child's Name: _____

7. Has your child been exposed to any recent traumatic experiences such as a death in the family, divorce, new sibling etc.? Yes____ No____ If yes, please explain in the space below.

8. What is your normal method of discipline? _____
9. What is your child's temperament? Is he/she easy going, hard to please, demanding, aggressive, etc.? _____
10. What foods does your child dislike? _____
11. Is your child fully potty trained? Yes____ No____ If no, have you started the potty training process? Yes____ No____ Does your child wear underwear or pull-ups? _____
12. Does your child indicate his/her need to use the restroom? Yes____ No____ If yes, what words does he/she use to indicate the need to have a bowel movement or urinate? _____
13. Is your child accustomed to taking daily naps? Yes____ No____ Length of Naps _____
14. Are there any siblings? Please name them and specify ages and gender.
Name _____ age _____ gender _____
Name _____ age _____ gender _____
15. Has your child had experience playing with children other than siblings (if he/she has siblings)?
Yes____ No____ If so, in what environment (daycare, relatives home, etc.? _____
16. What are your child's fears, if any? (loud noises, darkness, animals, objects, etc.)

17. Do you feel that your child has reached all of the developmental milestones for a child of his/her age such as walking, talking, feeding self, dressing, toilet training, etc.? Yes____ No____
18. If not, what are your specific concerns about your child's development?

19. Are there any other comments or information you would like to share about your child?
Yes____ No____ If yes, please do so in the space provided:

20. Finally, please tell us how you discovered Primary Colors? _____

Enrollment Date _____ **Start Date** _____

Parent/Guardian Signature _____

Director's Signature _____