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**Background Information Form**

**Thank you for entrusting us with the care of your little one. Please fill out this form and return it to the center prior to enrollment.**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Age\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Month Day Year**

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M\_\_\_F\_\_\_**

**First Middle Last**

**Child’s Preferred Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(First Name, Middle Name or Nickname)**

**Complete Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address City State Zip**

**Enrollment Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Termination Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tell us about your family:**

**Family Members (brothers, sisters, grandparents etc.) living at home:**

**Name Age Relationship Indicate Name used by Child**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Other members of the family (grandparents, aunts, uncles, etc.) living in the community:**

**Name Age Relationship Indicate Name used by Child**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Tell us about your child:**

**Has your child had any previous school experience? Y\_\_\_ N\_\_\_**

**If yes, please give name(s) and type of school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**How long did your child attend?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If child currently attend another school, include name and grade.**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child take a nap? \_\_\_\_\_\_\_\_\_\_**

**If yes, Morning \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Afternoon\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many hours does your child sleep at night? \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your child toilet trained? \_\_\_\_\_\_\_\_ Does your child use any special words for toileting? \_\_\_\_\_\_**

**What are those words? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Describe your child’s appetite:**

**Always hungry\_\_\_\_\_\_\_\_ Never hungry \_\_\_\_\_\_\_\_ Snacks\_\_\_\_\_\_\_\_ Snacks all day\_\_\_\_\_\_\_\_**

**Eats at mealtime \_\_\_\_\_\_\_\_ Has to be coaxed to eat \_\_\_\_\_\_\_\_\_\_\_**

**Are there any foods your child may not or cannot eat? (Due to allergies, religion, etc.) \_\_\_\_\_\_\_**

**If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are there any foods your child dislikes? \_\_\_\_\_\_\_\_**

**If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Special Interest: Singing \_\_\_\_\_\_ Painting \_\_\_\_\_\_ Stories \_\_\_\_\_\_\_\_ Blocks\_\_\_\_\_\_\_\_**

**Pets \_\_\_\_\_\_\_ Outside Play\_\_\_\_\_\_ Trucks \_\_\_\_\_\_\_\_ Dolls \_\_\_\_\_\_\_\_\_ Pretend Play \_\_\_\_\_\_\_**

**Is your child generally:**

**Cooperative \_\_\_\_\_\_\_ Shy \_\_\_\_\_\_\_ Happy \_\_\_\_\_\_\_ Angry \_\_\_\_\_\_\_ Sensitive \_\_\_\_\_\_\_**

**Competitive \_\_\_\_\_\_\_ Silly \_\_\_\_\_\_ Tearful \_\_\_\_\_\_\_ Aggressive \_\_\_\_\_\_ Talkative\_\_\_\_**

**Does your child usually do what is asked of him/her? \_\_\_\_\_\_\_**

**Medical History:**

**Diseases \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check all that apply:**

**Asthma\_\_\_\_\_\_\_\_\_\_\_\_ Pneumonia\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chicken Pox \_\_\_\_\_\_\_\_ Whooping Cough\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Heart Disorder\_\_\_\_\_\_\_\_ Diphtheria\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Measles/Mumps/Rubella\_\_\_\_\_\_\_\_\_\_**

**Congenital Malformations**

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**Allergies (food/drug etc)**

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**Drug Sensitivities**

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**Seizures**

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**What else do you want our staff to know about your child?**

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**Parent’s Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**