

GETTING TO KNOW YOUR CHILD

Child's Full Name _____ Nick Name _____

Was your child previously enrolled at a different facility? Yes _____ No _____ If yes, please provide the name and city of facility _____

Does your child have any known health problems? Yes _____ No _____ If yes, please describe _____

Does your child require medication daily? Yes _____ No _____ If yes, please describe what medication is needed for _____

Does your child have any known allergies? Yes _____ No _____ If yes, please list: _____

Does your child have any physical or mental disabilities? Yes _____ No _____ If yes, please describe? _____

Does your child take a pacifier? Yes _____ No _____

Does your child require any special toy, blanket, white noise for nap? Yes _____ No _____ If yes, please explain: _____

Who does your child live with? _____

What is the primary language spoken at home? _____

Do you have any other child enrolled at Fuller Hill? Yes _____ No _____ If yes, please provide sibling's name _____

What is the duration of time your child will be enrolled at Fuller Hill? (for example, are you enrolling your child on a short term basis or long term? Please list the possible date of withdrawal if known) _____

Please use the space below to provide any other information about your child that might be helpful _____

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date