

Bethel Park High School - Early Learning Center
Family and Consumer Science Department

Enrollment Information Form

The following information is necessary for the teachers to be able to provide background knowledge for the students to understand the development of each child. This information is kept in an open file.

• **The Child:**

Name: _____ Name Child is called: _____
 First Middle Last

Birth date: ____/____/____ Age at enrollment: _____ Sex: ____
 Month Day Year Years – Months

Address: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Mode of transportation to and from the center:

Who will drop off the child? _____

Who will pick up the child? _____

• **Child's Parents and Family:**

	Father	Mother
Name		
Address (If different from child)		
Occupation		
Business or Cell Phone Number		
Deceased (Date and Age)		
Remarried (Date and Age of Child)		

Child lives with: Both Parents _____ Mother Only _____ Father Only _____

 Mother and Stepfather _____ Father and Stepmother _____

 Foster Parents _____ Grandparents _____ Other _____

Was your child adopted? _____ If yes: Date of Adoption: _____

From what country? _____ Is the child informed? _____

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If mother works outside of home, who cares for the child? _____

Family lives in: One Family House _____ Apartment _____ Two Family House _____
Hotel _____ Other _____

Members of Household: List adults first, then children in order of age, and other household members.

Name	Relationship to Child	Date of Birth	Age

Has the child ever been separated for any length of time from his or her parents (such as vacations, illness, etc.)

How did he or she adjust? _____

• **Child's Health:**

Sleeping Habits – What is your child's usual bedtime? _____ Usual waking time? _____

Does your child take a morning or afternoon nap regularly? _____ How Long? _____

Eating Habits – Is your child usually hungry at mealtimes? _____

Child usually has – Breakfast at: _____ A.M Lunch at: _____ Dinner at: _____ P.M.

Does your child have any food allergies? _____

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Is there anything unusual about your child's eating that we should know before they eat at the center?

Toileting – Is your child toilet trained? _____

Are they dependable? _____ How do they state their need? _____

Special Information – Does your child have any disabilities? _____

Please explain if this would prevent your child from participating in any activities: _____

Development – When did your child walk alone? _____

At what age was your child toilet trained? _____

Is speech clear to those outside the family? _____

Does your child have any particular fears? (Explain) _____

• **Play and Experience with Others:**

Does your child play alone? Always _____ Often _____ Seldom _____

Does your child like to play alone? _____ Does your child like to play with others? _____

Your child's playmates are: Girls _____ Boys _____ Younger _____ Older _____

Does your child have an imaginary playmate? _____

What play materials are mostly used indoors? _____

Where does the child play outdoors? _____

Other group experiences: Nursery School _____ Sunday School _____ None _____

Specify others: _____

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• **Discipline:**

When you find it necessary to discipline your child, what do you usually do, and which of you normally do it?

Mother: _____

Father: _____

• **Why do you want your child to attend the BPHS Early Learning Center?** _____

Parent or Guardian Signature _____ Date _____