

Melissa's Play School

Questionnaire

Child's Name _____

Date of Birth _____

Parent(s) Name(s) (and your child's name for you)

Other immediate family members (and your child's names for them)

Address: _____

Home Phone(s) _____

Work Phone(s) _____

Cell Phone(s) _____

E-mail _____

Does your child have any allergies? _____ yes _____ no

If so, please explain: _____

Is your child taking any medication? _____ yes _____ no

If so, please explain

Does your child have any chronic health problems? If so please explain

Is there any significant birth history or early medical history we should be aware of? If so, please explain:

Is your child receiving any services such as early intervention, speech therapy? If so, please explain:

What languages are spoken at home?

What is your child's toileting routine at home (diapers are fine) and how would you like us to handle it here?

Does your child nap at home, and what is the routine?

What kinds of play does your child most enjoy?

What are your child's favorite foods? Any restrictions?

Does your child have any fears we need to be aware of?

What seems to calm your child when he or she is upset?

What do you most wish your child to gain out of this program?

Do you have any concerns about your child's development?

Is there anything else you would like us to know about your child?

How did you hear about us?

If you are requesting three days a week, please indicate your preference of days:

Return this questionnaire with the non-refundable registration fee and deposit for next year (\$1100, \$950). Make the check out to Melissa Connelly.

Please sign below to indicate you are aware of the non-refundable deposit and payments for the year.
