

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: _____

Cell Phone(s) _____

Work Phone(s) _____

E-mails _____

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:

Please include deposit and registration fee (\$1,350 for 4 days, \$1,125 for 3 days, \$975 for 2 days)

Sign below that you understand deposit is non-refundable.
