



ABC Academy Admission Form

Child's Name _____

Birthdate _____

COMPLETE ALL AREAS THAT WOULD HELP US IN MEETING THE NEEDS OF YOUR CHILD.

HEALTH

Does your child have any physical disabilities? _____

Any serious illness or hospitalization? _____

Are there any medications given regularly? _____

Are there any foods your child cannot eat? _____

SOCIAL RELATIONS

Does your child spend time with both parents? _____ If you are separated, how often does your child see the absent parent?
Names and ages of siblings. _____

Has your child had experiences in playing with other children? _____ By nature is your child friendly? _____

Aggressive? _____ Shy? _____ or Withdrawn? _____

Do you feel your child adjusts easily to a child care situation? _____ Does your child enjoy being alone? _____

How does your child adjust to strangers? _____ What makes your child mad? _____

How does your child show his/her feelings? _____

Is your child frightened of any of the following: Animals? _____ Dark? _____ Loud Noises? _____ Storms? _____

Other? _____

PERSONAL HISTORY Does your child crawl? _____ Walk? _____ Is Child A Good Climber? _____ Does child fall easily? _____

Has child begun talking? _____ Does child speak in words? _____ Or sentences? _____ Other language? _____

Special words child uses to describe needs: _____

TOILET HABITS

Is your child toilet trained? _____ In the process of being trained? _____ Can the child be relied upon to indicate his/her bathroom wishes? _____ Word/Phrase used to indicate "Potty"? _____ Does your child have frequent toilet accidents? _____ What level of assistance does your child need when using the restroom? _____

SELF HELP SKILLS

Is your child able to fully dress themselves? _____ Areas needing assistance _____

SLEEPING HABITS

Does your child nap? _____ List approximate nap schedule _____

FEEDINGS

Is your infant on formula? _____ Milk? _____ What is the feeding schedule? _____

Does your child have any dietary restrictions or dislikes? _____

Does your child drink from a cup? _____ Does your child use a spoon? _____

SCHOOL AGE

What elementary school does your child attend? _____

Is your child enrolled in any special education or special interest programs? _____

Describe _____

Please circle which best describes your child in relation to his/her school experience:

Successful Troubled/Difficult Enjoyable

Where does your child's interests lie? _____

COMMENTS:

CONTINUED ON BACK

