

**O.C.E.A.N., INC. Kids Early Childhood Center
Preschool Enrollment Application**

DATE: _____

Child's Name: _____ Nickname: _____
First Middle Last

Date of Birth: _____

Address: _____

Home Tel.#: _____
 (Listed/Unlisted)

Mother or Guardian's Name _____

Age _____

Mother's Occupation _____

Work Phone Ext. _____

Mother's Place of Employment (Name & Address) or School/Training Site _____

Father or Guardian's Name _____

Age _____

Father's Occupation _____

Work Phone Ext. _____

Father's Place of Employment (Name & Address) or School/Training Site _____

Marital Status of Parents. Please Check:

Married _____ Parent Deceased _____ Separated _____ Divorced * _____ Single _____

* Custody/Visiting Arrangements: (Days & Times) _____

Is child adopted? _____

Age at Adoption _____

List Siblings & Other Family Members Within Household	Date of Birth	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does child have a room alone? _____ if not, with whom does he/she share? _____

Primary Language Spoken in the Home: _____

How well does the child speak English? _____

How well does the Parent/Guardian speak English? _____

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Please state name & phone number of babysitter, friend, relative or who to contact in case of emergency: _____

Has any member of the family been seriously ill during the past year that would affect your child psychologically? _____

Has your child had any traumatic experiences? _____

Has your child had any previous group experience? _____

Where? _____

Do you have behavior issues with your child? _____

What method of discipline do you use in your home? _____

What is the child's reaction? _____

Does your child have neighborhood playmates? (Specify) _____

Describe how your child gets along with other children: _____

Does your child watch TV? _____

How much? _____

What are his/her favorite shows? _____

Age child was weaned? _____

Walked? _____

Repeated Sentences? _____

Slept through the night? _____

Began toilet training? _____

Can the child toilet alone? _____

Word for urination? _____

Word for bowel movement? _____

Time for B.M.? _____

Does the child dress self? _____

Is the child right/left handed? _____

Describe the child's appetite? _____

Can the child feed self? _____

Any dietary restrictions? _____

Any special feeding instructions? _____

What time does the child go to bed? _____

Awaken? _____

Does child sleep well? _____

Does child nap? _____

Does child wet the bed? _____

Does the child need a special toy for sleep or security? _____

Does the child have any fears that you are aware of? _____

What are the child's favorite indoor activities? _____

Outdoor? _____

Does the child have any special delays or problems? speech, visual, auditory, muscular or cognitive? _____

Are there any activity limitations placed on your child? _____

How would you classify your child's speech distinct, understandable, or difficult? _____

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How would you describe your child's temperament? _____

Does your child have any nervous habits such as; thumb sucking, nail biting, hair pulling etc. _____

What illnesses has the child had? At what age? _____

Does your child have frequent colds or infections? Explain: _____

Stomach aches? _____ Fevers? _____ Vomit easily? _____ Has the child had any serious accidents? _____

Is the child allergic? _____ How does it manifest itself? _____

Do you know what causes the allergy? _____

Has the child been to the dentist? _____ When? _____ Has the child had vision/hearing tested? _____

Is your child currently taking any prescribed medications? _____

Name, address and phone number of child's physician: _____

Is the child exempt from any immunization? _____

Does your child have a diagnosed disability? Yes _____ NO _____

Is the child currently receiving services due to any special needs or disability? Yes _____ NO _____

If yes, what type of services? _____

Who provides these services? _____

Name: _____

Address: _____

Tel. #: _____

Is there anything regarding your ethnicity, culture or religion that the center needs to be sensitive to? _____

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I have been acquainted with the release policy of the center--that a physical examination and immunization record is required for my child, that an accepted emergency procedure will be followed if necessary, and that I understand the tuition payment procedures of this center.

To the best of my knowledge, the information on this form is correct and accurate.

Parent Signature: _____

Date: _____

What do you expect from the O.C.E.A.N., Inc. Kids Early Childhood Center? _____

Additional Notes:

For office use only

Application package complete, rec'd on: _____ Received by: _____

Referral agency: _____

Center placement: _____

O.C.E.A.N., INC. Kids Early Childhood Center
Infant/Toddler Enrollment Application

DATE: _____

Child's Name: _____ Nickname: _____
 First Middle Last

Date of Birth: _____

Address: _____

Home Tel.#: _____
(Listed/Unlisted)

Mother or Guardian's Name

Age

Mother's Occupation

Work Phone Ext.

Mother's Place of Employment (Name & Address) or School/Training Site

Father or Guardian's Name

Age

Father's Occupation

Work Phone Ext.

Father's Place of Employment (Name & Address) or School/Training Site

Marital Status of Parents, Please Check:

Married _____ Parent Deceased _____ Separated _____ **Divorced *** _____ Single _____

* Custody/Visiting Arrangements: (Days & Times) _____

Is child adopted? _____

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Date of Birth

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_____	_____	_____
_____	_____	_____

Does child have a room alone? _____ if not, with whom does he/she share? _____

What is your child's current daily sleeping schedule? AM Wake-up _____ Evening Bedtime _____

Daily nap (s) and for how long? _____

Does your child sleep through the night? _____ If not, when does your child usually wake up and what are the circumstances? _____

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Does your child need a special toy or blanket for sleeping? _____

What upsets or frightens your child? _____

What does your child find soothing or comfortable? _____

How does your child react to strangers? _____

Is your child using a cup, bottle, or both? _____

Are you breastfeeding? _____ When? _____

What are the times your child takes a bottle? _____

How many ounces does your child take? _____

Is your child taking formula, whole milk, skim milk or other? _____

Are there any other special instructions concerning your child's bottle feeding? _____

Is your child now on baby food or table food? _____

List table foods your child is currently eating:

Vegetables

Fruits

Meats

Juices

List any other foods your child is eating: _____

Does your child attempt to feed himself/herself? _____

Does your child have any food allergies? _____

Primary language spoken in the home? _____

How well is your child talking or saying words? _____

In what language? _____

Where and how does your child spend his/her waking hours? _____

What toys and activities make him/her happy? _____

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

Has your child had a previous out of home experience? _____

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Has your child begun potty training? _____ If yes, describe the routine _____

When does your child usually have bowel movements? _____

Discuss your child's health. _____

Does your child get frequent colds, infections, teething? Explain: _____

Is your child allergic? _____ What causes it? How does it manifest itself? _____

Is your child exempt from any immunizations? _____

Family, friend, or emergency contact to be called in an emergency: _____

Does your child have a diagnosed disability? Yes _____ No _____. Is the child currently receiving services due to any special needs or disability? Yes _____ No _____. If yes, what type of services? _____

Who provides the services?

Name: _____

Address: _____

Tel. #: _____

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Infant/Toddler Enrollment Application**

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