

West Shore Child Care Center
School Age Orientation Questionnaire
for new enrollees

Child's Name: _____ Date of birth: _____

Information shared is confidential.

Family Statistics:

Custodial Parent/Guardian Name(s) _____

Name of person(s) responsible for paying tuition: _____

(If more than one person, please indicate here how to split payment: _____

If more than one person, do you each wish to have separate accounts? Yes [] No []
PLEASE UNDERSTAND THAT IF ONE PARTY DEFAULTS, FULL TUITION PAYMENT IS DUE FROM THE
REMAINING PARY OR PARTIES.

Siblings' names and ages _____

Other caregivers or important people in your child's life that we should know about:

Do you speak any other languages in addition to English in your home?

Are there any cultural or religious events or restrictions that are important to your family that you would like
us to be aware of? _____

Developmental Information:

Does your child have any fears? _____

Does your child sleep well? _____

Is your child a good eater? Are there any foods that s/he particularly dislikes? _____

What discipline techniques do you use at home? _____

What does your child do to comfort himself/herself? _____

How long (if ever) has your child been in child care? _____

Does your child have an Individualized Education Program at school? Yes [] No [] If yes, please explain:

Does your child have a Section 504 Accommodation Plan at school? Yes [] No [] If yes, please explain:

What name (or nickname) does your child prefer to be called? _____

Is there a name (or nickname) that your child does not like? _____

Have there been recent tragedies in the family that may affect your child's behavior? _____

If there are any concerns, or anything else that you think teachers need to be aware of, please use the space below to explain.

I certify that all answers given by me are true, accurate and complete.

Printed name of adult completing questionnaire: _____

Signature Date