Pattie-Cake Christian Academy
Enrollment Questionnaire

Child's Name _____Nickname_____

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Previous Childcare History:

1. Has your child been in childcare before and if yes ? _____ If yes, please give name and phone number of last childcare provider/center.

   Name_____ Phone Number_____

   Address_____

2. Dates attended from _____ to_____
3. Why did you decide to terminate care?_____
4. May I contact them for a reference?_____

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Sleeping Habits:

5. Does your child have a regular bedtime schedule? _____
6. What time does your child usually go to bed at night? _____
7. What time does your child usually wake up in the morning?_____
8. Does your child have trouble sleeping?_____

   Night terrors _____Trouble going to sleep_____ Other_____

9. If under 18 months, how does your child prefer to sleep (back, stomach, side)?_____
10. What time(s) and for how long does your child nap each day? _____
11. Are there any favorite items that your child needs to go to sleep each day?_____
12. Has your child slept in a pack-n-play or on a mat/cot? _____
13. What is your child's disposition upon waking (happy, clingy, slow to wake, etc.)?_____

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Health History:

14. Has or does your child have any known health condition?_____

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15. Does your child need regular medication? If so, please explain why? _____
16. Does your child have any known allergies? _____

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17. Special instructions in case of allergic reaction _____

18. Has your child had or been exposed to any communicable diseases (chicken pox, measles, mumps, lice, etc.)? If so, please explain and provide dates._____

19. Is your child prone to any common ailments (upset stomach, frequent colds, allergies, ear infections, sore throats, nose bleeds, diaper rash etc.)? _____

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20. Is there any indication of hearing or vision problems? _____

21. Does your child have any physical or mental disabilities? _____

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Eating Habits:

22. What are your child's eating habits (frequency and portion)? _____

23. How often does your child drink during the day (milk, juice, water, etc.)? _____

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24. What is your child's favorite foods? _____

25. What foods do your child dislike? _____

26. Does your child have a special diet? _____

27. Are there any foods your child should not be fed?_____

28. How does your child sit at the table (high-chair, booster seat, etc.)?_____

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General Information:

30. Are you looking for long-term or short-term care for your child? _____

31. What are your expectations from Pattie-Cake Christian Family care? _____

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32. Is there any additional information you would like for me to know pertaining to your child?_____

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