MISS MARTY'S PRE-SCHOOL

6001 Germantown Avenue
Philadelphia, PA 19144

In an effort to ease your child's transition to Miss Marty's Pre-School, we would like to learn a little bit more about you, your household, and most importantly, your child. Please note that completion of this form is required as part of our enrollment process. We look forward to getting to know you!

Child's Name: _____ Date of Birth: _____

Nickname (if any):_____ Gender: Boy / Girl

Enrollment Date:_____ Start Date: _____

HOUSEHOLD INFORMATION:

Name of Parent/Guardian: _____ Relationship to Child_____

Name of Parent/Guardian: _____ Relationship to Child_____

With whom does the child live? (Circle all that apply)

Mother Father Step-Mother Step-Father Brother(s) Sister(s)

Aunt Uncle Grand Mother Grand Father Foster Family

Other (Explain)_____

Is there a Custodial Arrangement we should be aware of? Yes / No

If you answered yes, please describe and provide any necessary documentation:

_____

Please Share any family cultural, ethnic, language or religious information that we should know:

_____

_____

CHILD'S MEDICAL HISTORY*:*

Has your child ever been diagnosed with any of the following: (Check all that Apply)

	Allergies		Hearing Loss		Vision Loss
	Heart Condition		Asthma		Diabetes
	Other				

Please define_____

_____

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Has your child ever been hospitalized? Yes / No

If yes, please list dates and reasons_____

_____

Does your child take prescription medications on a regular basis? Yes/ No

If yes, please describe_____

**Please see the Medication Policy in our Family Handbook

Has your child ever been diagnosed with any of the following: (Check all that Apply)

	ADHD / ADD		Autism/ Asperger's		Developmental Delays
	Other Social/ Emotional Difficulties				

Please define_____

_____

Does your child have an Individualize Education Plan (IEP), an Individualized Family Service Plan (IFSP), or a 504 Plan under the Rehabilitation Act? If yes, please provide a copy so that we may provide appropriate support to your child.

IEP _____ IFSP _____ 504 Plan _____

Does your child have any dietary restrictions? Yes/ No

If yes, please describe_____

Favorite Food / Least Favorite Food_____

Please share any other Medical/ Behavioral Information the we should know:

_____

_____

ALL ABOUT YOUR CHILD:

Please Describe your child's personality: _____

_____

_____

What are your Child's Favorite Activities/ Toys/ Songs/ Color? _____

_____

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Has your child ever attended child care/ daycare facilities before? Yes / No

How old was your child? _____ How Long did they attend? _____

Does your child have opportunities to play with other Children? Yes / No

How does your child get along with other children? _____

How does your child get along with adults? _____

Is your Child Toilet Trained? Yes / No Does your child use any special word for bowel movement, urination, or private parts? _____

Does your child have any pets in the home? Yes/ No Type_____ Name _____

What Makes your child angry/ upset / sad? Is there anything that helps him/ her feel better? _____

_____

_____

Is there anything else we should know to help ease your child's transition to Miss Marty's Pre-School?

_____

_____

_____

_____

Parent/ Guardian Signature_____ Date:_____

Parent/ Guardian Name (Printed) _____

Review by (Teacher) _____ Date_____