



Preschool, Pre-Kindergarten
& Schoolage
Registration Form

Child's name _____ Date of birth _____

Address _____ Gender _____

Parent(s) Names _____

Single___ Married___ Separated___ Divorced___ Widowed___
Are there any court orders involving your child? (if yes please specify) _____

Family information:

Siblings:

Name _____ Age _____ Gender _____

Living in child's home? _____

Name _____ Age _____ Gender _____

Living in child's home? _____

Others living in child's home:

Name _____ Relationship to child: _____

Name _____ Relationship to child: _____

Persons special to your child:

Name _____ Relationship to child: _____

Name _____ Relationship to child: _____

Pets:

Name _____ Describe: _____

Name _____ Describe: _____

Emergency information on your child:

Physician's Name _____ Phone _____

Address _____

Dentist's Name _____ Phone _____

Address _____

Health:

How does your child react to illness? _____

Does your child experience chronic illnesses? _____

Is your child on long/short term medication? _____

Known allergies: _____

Food:

What food does your child like and dislike? _____

How would you describe your child's eating habits? _____

Does your child have any food restrictions? _____

Toilet Learning: (as applicable) What words do you use for:
urination? _____ and bowel movement? _____

What best describes your child's toileting abilities? Wearing diapers _____

Toilets self successfully _____ Occasional accidents _____

Rest Time:

How long does your child nap? _____ When? _____

What routines do you use at nap/bedtime? _____

Your Child's Day:

Please describe a typical day for your child _____

When does your child usually eat:
breakfast? _____, lunch? _____, and dinner? _____

What are your child's favorite activities, books, toys, t.v. shows, etc.?

What discipline techniques have you found to be successful? _____

Languages:

What languages are spoken at home? _____

Miscellaneous:

Do you have any concerns regarding your child's emotional or physical development? _____

Please describe previous child care situations. _____

Are there any recent changes we should be aware of? _____

How does your child react to separating from you? _____

How can we support you in separating from your child? _____

What do you expect from Cornerstone Children's Center? _____

Is there anything else you feel we should know to better meet your needs? _____

Signature

Date