



EARLY STEPS BILINGUAL PRESCHOOL

Pre-Admission Wait List Background Information Form



Arlington Georgetown Springfield Vienna

The center staff needs your help to understand and plan for your child. Please, fill out this form and return it to the center. You will be placed on our waitlist once you have submitted this form along with a \$100.00 non-refundable fee. We only accept checks made out to Early Steps Bilingual Preschool.

Date _____

Child's Name _____ Sex: M _____ F _____
(Last) (First) (Middle)

Child's Preferred Name _____ (First, Middle, or Nickname) DOB: _____ **Age:** _____

Complete Address _____

MAIN Phone Number _____ **MAIN Email:** _____

Admission Date _____ Termination Date _____

Grade Level _____ School _____

Father's Name _____
(Last) (First) (Middle)

Occupation _____ Company _____

Business Address _____

Business Phone # _____ Cell # _____ E-mail: _____

Mother's Name _____
(Last) (First) (Middle)

Occupation _____ Company _____

Business Address _____

Business Phone # _____ Cell # _____ E-mail: _____

Is Father living? _____ *Is Mother living?* _____ *Married?* _____ *Separated?* _____ *Divorced?* _____

Please list persons authorized to pick up your child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Is there anyone whom you **do not** wish to pick up your child?

Name _____ Relationship to child _____

Other members of the family (siblings, grandparents, etc.) living at home:

Name	Age	Relationship	Indicate Name Used by Child
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- _____
- _____
- _____

Other members of the family (grandparents, aunts, uncles, etc.) living in the community:

Name	Age	Relationship	Indicate Name Used by Child
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- _____
- _____

Does your child have any previous school experience? _____

If so, please provide us with the school name & program _____ Length of Attendance _____

Does your child take a nap? _____ When: Morning _____ Afternoon _____

How many hours does your child sleep at night? (Approximately) _____

Is your child toilet trained? _____ How long? _____ Does your child use a special word for toileting? _____

Describe your child's appetite:

Always hungry _____ never hungry _____ snacks _____ snacks all day _____

Eats at mealtime _____ has to be coaxed to eat _____

Are there any foods that your child may not eat or cannot eat? (Due to allergies, religious customs, etc....):

Are there any foods your child dislikes? _____

Child's Special Interests: Singing _____ Painting _____ Stories _____ Trucks _____ Pets _____
Music _____ Outside Play _____ Coloring _____ Other _____

Is your child generally: Cooperative? _____ Shy? _____ Competitive? _____ Happy? _____
Aggressive? _____ Sensitive? _____ Submissive? _____ Angry? _____

Does your child speak and/or understand Spanish? _____ English? _____ Other Language? _____

Our child usually does what is asked of them? _____ Our child seldom does what is asked of them? _____

List other behaviors and/or characteristics of your child: _____

How did you hear about ESBP? Friend/Colleague _____ Social Media _____

Google VDSS Website Other _____