



EARLY STEPS BILINGUAL PRE SCHOOL

Pre-Admission Background Information Form

Arlington

Georgetown

Springfield

Vienna

The center staff needs your help to understand and plan for your child, while you are on the Wait List. Please fill out the following information and return it to the center of your choice before the enrollment process can begin.

Date _____

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

Child's Preferred Name _____ (First, Middle or Nickname)

Complete Address _____

Phone Number _____ Birth Date _____ Age _____
mm/dd/yyyy

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? _____ Separated? _____ Divorced? _____

Please list persons who are authorized to pick up your child:

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

If so, please give name and relationship to child.

Name _____ Relationship to child _____

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

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

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

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

Are there any family pets? _____

Has your child had any previous school experience? _____

If so, please give name and type of school

_____ Length of attendance _____

Does your child take a nap? _____ Morning _____ Late Morning _____ Afternoon

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

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

If so, please state _____

Describe your child's appetite:

Always hungry _____ Never hungry _____ Snacks _____ Snacks all day _____ Eats at mealtime _____

Needs coaxing to eat _____ Other _____

Are there any foods your child dislikes? _____

If so, please list:

For Infants- approximately how many ounces per feeding: _____ Frequency: _____

Will your infant be fed Breastmilk or Formula (which brand): _____

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

If so, please list: _____

For Infants/ Toddlers please list the foods they have already been given or tried:

Child's Special Interests: singing _____ painting _____ stories _____ building _____

Trucks _____ pets _____ music _____ dramatic play _____ Science/ Discovery _____

Outside play _____ coloring _____ puppets _____ other _____

Is your child generally:

Cooperative? _____ Shy with strangers? _____ Competitive? _____ Happy? _____

Assertive? _____ Sensitive? _____ Smiles/ laughs when played with? _____

Angry? _____ Accepts redirection? _____ Likes to be leader? _____

Your child usually does what is asked of him/her? _____ Follows directions? _____

Your child seldom does what is asked of him/her? _____ Tantrums/ whines? _____

When you leave, does your child typically settle down within 15 minutes? _____ 30 minutes? _____

Does your child already understand Spanish? _____ English? _____

Are there any other languages spoken in the home? _____

List other behaviors characteristic of your child. (Enjoys challenges, prefers quiet playtime, loves the outdoors, exploring....)

Do you have any questions regarding Early Steps Bilingual Preschool and your child starting in a group setting?
