

we begin to work with your child.

## New Student Q & A Student Name: \_\_\_\_\_\_ Birth Date: \_\_\_\_\_ Desired Start Date: \_\_\_\_\_ Parent Name Email: \_\_\_\_\_\_Phone Number \_\_\_\_\_ Please help us get to know your child by answering the following questions and returning this sheet with your enrollment packet before your child's first day. Feel free to use the back of this sheet. 1. Please name present or last childcare provider including Nannies and Family Members 2. Do you, or other professionals, have any developmental concerns? Including emotional regulation, trouble focusing, hyperactivity, etc. 3. What behavior challenges do you have at home? How do you handle these situations? 4. Has your child ever been removed from another program for aggression or developmental delays? Please explain 5. Does your child nap? How long? 6. Does your child have regular social interactions with same aged peers? 7. Please give us any other information you feel would be important for us to know as