

Angel Care Preschool & Child Care

834 Hastings St.

933-3232

Parent Questionnaire/ENROLLMENT APPLICATION

Child's legal name:

Gender:

AGE/DOB:

Child's nick name:

1. My child's interests and favorites are foods and activities like _____

2. My child dislikes _____

3. My child is scared of _____

4. When my child is upset he/she can usually be comforted by _____

5, My child's strong qualities are _____

6. Our daily routine consists of _____

7. Hobbies I could share or ways I could help with my child's day-care program are _____

8. I wish to enroll my child at this center because _____

9. Our home environment (siblings/name/age...), custody and other helpful information in understanding where my child comes from) _____

10. Emotional, social, developmental, and other areas to work on with my child include _____

11. Do you have a home church? _____

12. The day and hours I need care for my child are _____

Start date: _____

13. How did you hear of Angel Care Daycare? _____

14. My child's parental/guardian information is:

Father's legal name and date of birth _____

Father's relationship with child: _____

Father's employer or job status: _____

Father's contact information: _____

Mother's legal name and date of birth: _____

Mother's relationship with the child: _____

Mother's employer or job status: _____

Mother's contact information: _____

Step-parent/guardian's legal name and date of birth _____

His/her relationship with the
child: _____

His/her employer or job status: _____

His/her contact information: _____

15. If an emergency arises at school/during care, the first person to notify

Contact information: _____

16. Other information I would like to share: