



FRANDELJA ENRICHMENT CENTER

ADDITIONAL CHILD ATTACHMENT

ABOUT YOUR ENROLLING CHILD

PERSONAL INFORMATION:

Child's name: _____ Date of birth: _____

Nickname: _____ Gender of child: Male Female

Type of Pregnancy: Easy Normal Difficult Kind of Birth: Normal Pre-term C-section

Length of stay in hospital: _____

HEALTH:

Does your child have any ongoing illnesses? Yes No
If yes, please describe: _____

Does your child have any known allergies? Yes No
If yes, please list allergies and expected reaction: _____

Will your child need to be administered medications while at the center? Yes No
**Please note: A prescription is required for all medications.*

TOILETING:

Is your child currently using a diaper/pull up? Yes No
If yes, how often does your child need a diaper change? _____

What time is your child's usual bowel movement? _____

If your child is using the toilet, please describe how the process works for you and your child, for example, how often do you approach him/her, what words do you use to describe the toileting process?

If your child is not regularly using the toilet without assistance, what is your toileting plan?

SLEEPING AND NAP TIME:

What time does your child take a nap and how often? _____

How or where does your child sleep for naps, please detail ways to handle problems around sleeping?

How long does your child nap and what helps your child wake up? _____

FOOD AND MEALTIMES:

Typical breakfast foods: _____ Mealtime: _____

Typical lunch foods: _____ Mealtime: _____

Is your child using utensils and/or feeding self? Yes No

Favorite foods: _____ Food restrictions: _____

Other food information: _____

SOCIAL EMOTIONAL DEVELOPMENT AND BEHAVIOR

Has your child experienced an extended separation from either parent? Yes No

What (if any) rituals or routines assist separation? _____

How does your child act around new people? _____

Does your child have any fears? Yes No

If yes, please explain: _____

Are there any challenges or concerns about your child's behavior? Yes No

If yes, please explain: _____

What are your child's interests, favorite activities and/or toy? _____

Any additional information you would like to share about your child: _____

*To add an additional child, please complete this form as an attachment to your
"[Intake Information Form](#)" (IntakeInfoForm).*