



Pre-Enrollment Questionnaire

Child's Name _____ Birth Date: _____

Today's Date: _____

Name of Parent or Guardian filling out this form: _____

Signature: _____

Please help us learn about your child by filling out this form and returning it to us with your application. Thank you for your assistance! Please note that if your child has an IEP or IFSP, we request a copy of the document prior to admission.

1. Has your child attended a school or day care before now? _____. If so, which one _____. May we contact them? Yes/No

2. If your child attended a day care or school before, please describe his or her experience there.

3. What are your goals for your child while attending The Learning Center at Calvary?

4. What do you see as your child's strengths?

5. What specific areas of improvement do you wish to see addressed?

6. Do you have any concerns about your child's physical, cognitive or emotional development? (Please note that all parents will be asked to fill out an online screener called "Ages & Stages Questionnaire"). Please list any concerns below.

7. How did you hear about The Learning Center at Calvary?

Please return this form to the director along with the Child Information Card and the Child Health Appraisal to set up a meeting to discuss enrollment for your child in our program.

