

Enrollment Meeting: Getting to Know You and Your Child

Child's name: _____ Nickname? _____
Nickname you do not like?

Birthdate: _____ Start Date: _____

Email address: _____

Name(s) that parents would like to be called by staff members of early learning center:
first name or Mr./Mrs./Ms.

Has your child been in child care before?

Who has watched your child before?

Do you think your child will have separation anxiety at first?

Family composition with names:

Name any/all people and community stakeholders who have cared for your child or influenced the development of your child in the past? To compliment this meeting, would you like us to contact and meet any of these stakeholders for your child's benefit?

Are there any people in your life or your child's life that we should fear may attempt to pick up your child that are not authorized?

Does your child have any known allergies?

Does your child have acute fears?

What are your child's favorite activities/toys?

Emerging literacy/words?

Nap? _____ Pacifier/Bed/Crib _____

What are your expectations of The Center?

I will be able to read and understand the complete Parent Handbook
(circle one) ON-LINE / IN PRINT

You may post and share this information with staff members.

Parent Permission _____

Director Signature _____

Date of meeting _____

Request For IEP/IFSP

Child's Name _____

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

_____ Yes, I will share a copy of my child's IEP/IFSP

_____ No, I would not like to share a copy of my child's IEP/IFSP and/or this is not applicable to my child.

Signature _____

Date: _____ Printed

Name: _____