

**DIAPERING STATEMENT**

Shoregate Methodist Preschool requires that your child be toilet trained in order to attend as we are not licensed by the state to change diapers. So on the enrollment form please indicate "yes" under the diapering statement. If you have any questions about this please ask in the preschool office.

**ACKNOWLEDGEMENT OF POLICIES & PROCEDURES**

You will receive a copy of our handbook with our policies and procedures on the first day of school. You are required to review this information and sign on the space indicated on the enrollment form.

**PARENT ROSTER**

In addition to my name and phone number, I give permission to list my child's name and our address in the parent roster. This roster is for personal use only and not for the purpose of any solicitation.

Yes

No

Parent Signature Date

**FAMILY AND PERSONAL HISTORY**

Name to be used at school (nickname or first name): \_\_\_\_\_

Sex: \_\_\_\_\_

Adults (other than parents) in the home? \_\_\_\_\_

Relationship? \_\_\_\_\_

Names and ages of other children in the family: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Did your child attend Preschool last year?  Yes  No

Where? \_\_\_\_\_

Teacher's name: \_\_\_\_\_

Number of days attended: \_\_\_\_\_

Other children in the family who have attended our Preschool (include names and dates):

What opportunities does he/she have to be with children his/her own age?

**Play**

With what does the child especially like to play? \_\_\_\_\_

Does he/she play well with himself/herself?  Yes  No With others? \_\_\_\_\_

**Sleep**

How many hours of sleep does your child get each night? \_\_\_\_\_

Does he/she take an afternoon nap?  Yes  No How often? \_\_\_\_\_

Are other children sleeping with him/her in the same room?  Yes  No

**Toilet Training**

Does he/she tell an adult when he/she needs to go to the toilet?  Yes  No

Do you need to remind him/her?  Yes  No  Sometimes

**Dressing**

Does he/she need help in dressing and undressing himself/herself?  Yes  No If so, how much? \_\_\_\_\_

**Habits**

Does he/she:

suck his/her thumb or fingers

bite his/her nails

have temper outbursts

periods of whining  
\_\_\_\_\_

Other \_\_\_\_\_

**Fears**

Does he/she have any special fears? (Halloween, animals, etc.)  Yes  No Explain: \_\_\_\_\_

**Discipline**

How do you discipline your child? (scolding, spanking, taking away privileges, etc.)

**Hand Preference**

Do you consider your child  Right handed or  Left handed?

**Background**

Please make us aware of any circumstances in your child's life that may affect his/her behavior.

How would you particularly like us to help your child?

Would you be willing to help with classroom activities? (Baking for parties or helping in the room on party days, etc.)

Yes  No  Maybe

Volunteer skills available: \_\_\_\_\_

