



Preschool Enrollment Intake Form

Date: _____

Child's Name: _____

Date of Birth: _____

Gender: Female Male Age: _____

Parent/Guardian Name (Print and Sign): _____

Eating

Is your child on any special diet? Yes No If yes, please describe:

Does your child have any food allergies? Yes No If yes, please describe:

Will you allow the school to post a picture of your child along with their allergy for identification and safety reasons? Yes No

Sleeping

Does your child nap: Yes No

*At Discovery Christian Preschool we have a time set aside for napping. If your child does not nap they will not be required to sleep but will be expected to take a rest period on their own sleeping mate.

Toileting

Is your child potty trained? Yes No

Does your child need reminders to use the restroom? Yes No

**Discovery Christian Preschool requires all children enrolled to already start potty learning (only pull-ups and underwear allowed) prior to starting the program.*

Development

Do you have any concerns regarding your child's development? Please choose all that apply:

Hearing Vision Gross Motor Fine Motor Language Social
Other

What is your child's primary language? _____

Are any other languages being used with your child? Yes No

If yes, what other language(s) _____