

**CVUSD Preschool at City Center
CHILD REGISTRATION PACKET**

1. Previous Childcare/Preschool Information:

Has your child ever attended childcare/preschool? _____ If yes, when? _____
Name of childcare/preschool previously attended _____ City/State _____
Was it a positive experience? _____ _____
Do you have any concerns about leaving your child at our center? _____ _____ _____

2. Child Custody:

The child resides with:	
Both parents ____ Mother ____ Father ____ Step-Parent ____ Legal guardian ____ Other ____	
Custody Stipulation: _____ <small>(Custodial parent must provide appropriate legal documents in cases where parental access is restricted)</small>	
Other adults living in the home: _____	
Name	Relationship
Name	Relationship

3. Developmental History and Background Information

Home Language Information:

Which language did the child learn when he/she first began to talk? _____
What language does the child most use at home? _____
What language do you use most frequently to speak to the child? _____

Health of Your Child:

Child's Name _____ Date of Birth _____
Date of Last Physical Examination _____
When was your child's last visit to the dentist? _____
When was your child's last vision exam? _____
Had your child had a recent hearing test? _____
Any known complications at birth? _____
Serious illnesses/accidents and/or hospitalizations? _____
Special needs, disabilities or concerns? _____
Allergies (i.e., asthma, hay fever, insect bites, medicine, food reactions): _____

Toilet Habits:

Word(s) for urination: _____ Word(s) for bowel movements: _____
Does your child need to be reminded to use the bathroom? Yes ___ No ___
Does your child ever have accidents? Yes ___ No ___
If yes, are these accidents on a regular basis? Yes _____ No _____

Sleeping Habits:

Does your child become tired or nap during the day? Yes ____ No ____ If yes, please indicate when and how long: _____

What time does your child go to bed at night?

What time does your child get up in the morning?

Does your child have a particular aid/assistance to go to sleep? (Music, TV, etc.) _____

Speech/Language/Motor Development:

At what age did your child start walking? _____ At what age did your child start talking? _____

Do other people have a difficult time understanding your child's speech? Yes No

Does your child speak verbally or does he/she use gestures to make needs known? _____

Parent/Guardian Signature _____ Date _____