HOPE CHILD DEVELOPMENT CENTER

GETTING TO KNOW YOUR CHILD

This form is for the purpose of registering my child in the Hope Child Development Center. Please complete form in its entirety.

For Office Use Only

Date of Enrollment_____

Date of Initial Conference _____

Child's Name	Date of Birth (DD/MM/YYYY) / /
Child's Address	
Mother's Name	Father's Name

Name & Age of Siblings	Name & Relationship of Other Household Residents

Additional Family Information

With whom does the child reside?	Is there a custody arrangement in place?
If yes, who has primary custody?	May non-custodial parent pick up the child?
Nationality	Family Ethnicity
What language(s) is (are) spoken in the home?	Religious Affiliation
Is it important for you that we support your child's primary home language and how?	
Who generally disciplines your child?	What is the method of discipline?
Are there any special customs, activities or family traditions that you would like to share?	
Does your child have any pets?	Does your child have any allergies?
Does your child have any particular fears?	Describe your child's eating/feeding schedule?
What is your child's napping schedule?	Do you have any food restrictions for your child?
Is there anything we need to know about how you approach nap time with your child?	Is there anything we need to know about how your child eats or feel about food?
What are your child's favorite games/toys/books?	What are your child's favorite TV shows/websites?
Describe your child in your own words	