

# CROSSING



# BORDERS

BRINGING THE WORLD TO YOU

## Child Student Information

3 years & older

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Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Has your child had previous childcare placement? ( ) Yes ( ) No

If so, where was your child enrolled? \_\_\_\_\_

What language does your child speak most often? \_\_\_\_\_

What other languages are spoken in the home? \_\_\_\_\_

Please, tell us about your family's / child's interest in becoming bilingual/bi-literate: \_\_\_\_\_

\_\_\_\_\_

Are any medications given regularly? ( ) Yes ( ) No

Who will take care of the child during illness? \_\_\_\_\_

What is your child's favorite food? \_\_\_\_\_

What food does your child dislike? \_\_\_\_\_

Can your child be relied upon to indicate bathroom wishes? ( ) Yes ( ) No

Does your child have any "accidents"? ( ) Yes ( ) No

What words does your child use for: urination: \_\_\_\_\_ bums: \_\_\_\_\_

Does he/she sleep through the night? ( ) Yes ( ) No

Does your child take an afternoon nap? ( ) Yes ( ) No How long? \_\_\_\_\_

Special toy or blanket for naptime? ( ) Yes ( ) No What? \_\_\_\_\_

What form of discipline is most often used in the child's home? \_\_\_\_\_

How does your child behave when sick? \_\_\_\_\_

How your child is most easily settled when upset or afraid? \_\_\_\_\_

What are your child's favorite activities, toys, books, or games? \_\_\_\_\_

By signing this form, you verify that all of the information provided is correct to the best of your knowledge. Providing false information could result in forfeiture of registration deposit, termination of class's services, or both.

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Father/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Mother/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Crossing Borders \_\_\_\_\_ Date \_\_\_\_\_