Early Childhood Center Level 1

3 year old applicants

Please complete this form in ENGLISH

Please answer all the questions honestly. This information will help us to have a better understanding of your child before the assessment.

Family Name		First Name	
Date of Birth	YYYY / MM / DD	Preferred name	
Gender	□ Male □ Female		
Nationality		Home Language	
Is your child able to dress independently?	□ Yes □ No	Is your child able to manage his own toilet needs independently?	□ Yes □ No
Is your child wearing diapers? At night? During the day? During a daytime sleep?	□ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No	Does your child sleep in the afternoon?	□ Never □ Sometimes □ Every day - For how long? _____
What does your child enjoy playing with?			
Does your child have a favorite toy?	□ Yes □ No	If yes, what is it?	
Do they take the toy to bed?	At night? □ Yes □ No	During the daytime sleep?	□ Yes □ No
What does your child most like to eat?		What does your child not like to eat?	
Is there anything your child is afraid of?	□ Yes □ No	If yes, what?	
What are the names and ages of other children in your family? _____ _____			
Does your child get angry or upset often? □ Yes □ No If yes, what is usually the cause of that anger or upset?		Does your child display any behaviour that causes you concern? □ Yes □ No If yes, please explain:	
How much English does your child speak?		□ None □ A little □ Some □ Speaks English very well	
When would you like your child to attend ECC 3 on M/W/F?		□ Half day □ Full day	
Would you like your child to attend half day or full day Junior Kindergarten?		□ Half day □ Full day	
Does your child have any allergies?	□ Yes □ No	If yes, what are they allergic to?	
Does your child have any medical conditions?	□ Yes □ No	If yes, what is the condition?	
Does your child have an English name?	□ Yes □ No	If so, what is it?	
		If not, would you like them to have one?	□ Yes □ No