

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		Home Language	
Nationality			
Is your child able to dress independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child able to manage his own toilet needs independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child wearing diapers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child sleep in the afternoon?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Every day
At night?	<input type="checkbox"/> Yes <input type="checkbox"/> No		For how long? _____
During the day?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
During naptime?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What does your child enjoy playing with?			
Does your child have a favorite toy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child take the toy to bed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	At naptime?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What does your child most like to eat?	What does your child not like to eat?
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Is there anything your child is afraid of?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is it?
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What are the names and ages of other children in your family?

Does your child get angry or upset often? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what usually causes him to become angry or upset?	Does your child display any behavior that causes you concern? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
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How much English does your child speak?		<input type="checkbox"/> None <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> Speaks English very well	
When would you like your child to attend ECC3 on M/W/F?		<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	
Would you like your child to attend half-day or full-day Junior Kindergarten?		<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	
Does your child have any allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is he allergic to?	
Does your child have any medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what are they?	
Does your child have an English name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is it?	
		If not, would you like him to be given one?	<input type="checkbox"/> Yes <input type="checkbox"/> No