

Early Childhood Center Level 2

4 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 assessments.

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		
Does your child sleep in the afternoon?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Every day For how long? _____		
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?	
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 are the names and ages of other children in your family?			

<p>Does your child get angry or upset often?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what usually causes him to become angry or upset?</p>	<p>Does your child display any behavior that causes you concern?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p>
<p>How much English does your child speak?</p>	<p><input type="checkbox"/> None <input type="checkbox"/> A little</p> <p><input type="checkbox"/> Some <input type="checkbox"/> Speaks English very well</p>
<p>Can your child understand instructions given in English?</p>	<p><input type="checkbox"/> A few <input type="checkbox"/> Many</p> <p><input type="checkbox"/> Understands all English instructions</p>
<p>Give 5 examples of English instructions that your child understands:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

When would you like your child to attend ECC4?		<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 are they?	
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