

# Early Childhood Center Level 3

*5 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			
What does your child enjoy playing with?			
Is there anything your child is afraid of?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is it?	
What are the names and ages of other children in your family?			
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<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/her to become angry or upset?</p>	<p>Does your child display any behavior that causes your 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/>	

<p>Does your child have any allergies?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, what is it?</p>	
<p>Does your child have any medical conditions?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, what is it?</p>	
<p>Does your child have an English name?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, what is it?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
		<p>If not, would you like him to have one?</p>	