GUSD offers a free state preschool program, Monday-Friday 3 hours a day. Families must qualify based on their income (See Income Eligibility Guideline Chart below). Enrollment is not on a first-come basis. Priority for enrollment of eligible students is based on California Department of Education regulations (Must be a Gilroy resident):

- The first priority for services shall be given to three-year-old or four-year-old children who are recipients of child protective services or who are at risk of being neglected, abused, or exploited and for whom there is a written referral from a legal, medical, or social service agency.

You may find the complete list of priority for enrollment at:

https://www.cde.ca.gov/sp/cd/ci/mb2301.asp

Preschool Locations
Rodeo Kelley
(8755 Kern Avenue)
Swanston
(240 Swanston Lane)
Glenview
(475 W 9th Street)

Registration for all sites takes place at Swanston by APPOINTMENT ONLY

GUSD State Preschool Program
2023-2024
240 Swanston Lane, Gilroy CA 95020
(669) 205-7960

All documentation required at time of appointment. Incomplete applications will not be accepted.

- **Proof of income for all individuals counted in the family size:** Pay stubs representing the past 30 days from your appointment date. Ensure that the pay stubs are recent and that the dates are consecutive. Missing stubs will NOT be accepted.
  - Weekly Pay – 4 pay stubs
  - Bi-Weekly Pay – 2 stubs
  - Twice a month – 2 pay stubs
  - Monthly Pay – 1 stub

- **Proof of any other income** (unemployment, child support, TANF, cash aid, disability, social security, etc.) for the past 30 days

- **Families with varying income** (migrant, agricultural, or seasonal work) must submit income verification for the past 12 consecutive months. Missing pay stubs will NOT be accepted. Payroll summary for the past 12 months are acceptable.

- Self-employed parents must submit: copy of most recent tax returns with a statement of current estimated income for tax purposes, a letter from the source of income (i.e. customers), other business records like ledgers or business logs, profit & loss, etc.

- **Physical Exam (done August 2022 or after) May be pending for registration but must be turned in before August 4**

- **Immunization Record- Children will not be admitted without required immunizations or TB assessment**
  - Polio – 3 doses
  - DTP – 4 doses
  - Hep B – 3 doses
  - MMR – 1 dose on or after 1st birthday
  - Hib – One dose must be given on or after the 1st birthday regardless of previous doses.

- **Completed TB Risk Assessment or TB Test if necessary**

- **Copy of birth certificates of all your children in the household under the age of 18 years old to establish family size.**

- **Proof of address:** rental receipts or agreements, contracts, utility bills

- **Attached forms filled out**

If applicable
- Individualized Education Program (IEP)
- Records of Foster Care placements, legal guardianship

To schedule an appointment or for more information:
Lupe Vela
(669) 205-7960
email: lupe.vela@gilroyunified.org

State Preschool Income Eligibility Guidelines

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Gross Monthly Income</td>
<td>$7,068</td>
<td>$8,049</td>
<td>$9,342</td>
<td>$10,837</td>
<td>$12,332</td>
<td>$12,612</td>
<td>$12,892</td>
<td></td>
</tr>
</tbody>
</table>

If you do not qualify for our program, you may contact Santa Clara County Childcare Resource & Referral Program: Phone: 669-212-KIDS (5437), website https://www.childcarescc.org/childcare-application, Email: childcarescs@sccoe.org. The Childcare Resource & Referral (R&R) Program provides every family with the information they need to access high-quality early care and education that meets their specific preferences.

Office Use

| Child's Age | Fam Size | Rank |
**GILROY UNIFIED SCHOOL DISTRICT**

**2023-2024 PRECHOOL STUDENT REGISTRATION**

<table>
<thead>
<tr>
<th>Student Legal Name:</th>
<th>Birthdate: Birthplace, State or County:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male ☐ Female ☐ Other ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>MEDICAL PROBLEM: YES ☐ NO ☐</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>Zip Code</th>
<th>LIST PROBLEMS: (Attach any additional information)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Residence Address</th>
<th>City</th>
<th>Zip Code</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Primary Phone</th>
<th>Emergency Contact - if responsible adult (parent, guardian) is unavailable</th>
<th>Month/year moved to current address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Has this student attended Gilroy Unified Schools in the past</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>School:</th>
<th>Grade:</th>
<th>Year:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>List any sibling living in the home attending Gilroy Schools</th>
<th>Has this student ever received any of the following services in this or any other District?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>School/Grade</td>
</tr>
<tr>
<td>------</td>
<td>--------------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous School(s) (list Pre-school if applicable)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Grades Attended</th>
<th>Date Enrolled</th>
<th>Date Left</th>
<th>School</th>
<th>Public</th>
<th>State</th>
<th>City</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>No ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Home Language Survey**

If you answer any language other than English for any of the questions below, your child will be required to take an ESL ELD Test

1. What language(s) does your child hear at home? This includes languages spoken by parents, grandparents, siblings, extended family or others living within or visiting the home.

2. Which language(s) does your child hear in their neighborhood and community? For example, with friends and neighbors, at church, or at after school programs or activities. This is to demonstrate language exposure not to measure language proficiency.

3. Which language(s) does your child speak?

4. Which language(s) does your child speak?

Check all that Apply

- Mother
- Father
- Foster Parent
- Legal Guardian
- Other (Specify)

Divorced/Legally Separated

- Yes ☐ No ☐
- If Yes, Joint Custody? Yes ☐ No ☐
- Emergency Contact?

Check all that Apply

- Mother
- Father
- Foster Parent
- Legal Guardian
- Other (Specify)

Divorced/Legally Separated

- Yes ☐ No ☐
- If Yes, Joint Custody? Yes ☐ No ☐
- Emergency Contact?

Guardian Name:

Address if different from student

Education Level, College Year or Degree Obtain:

Cell Phone:

Business Phone:

Email:

<table>
<thead>
<tr>
<th>Preferred preschool site/teacher:</th>
<th>I UNDERSTAND THAT MY REQUEST IS TAKEN INTO CONSIDERATION BUT IT IS NOT GUARANTEED</th>
<th>initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rod Kelley ☐ Glen View ☐ Swanston</td>
<td></td>
<td></td>
</tr>
<tr>
<td>This is a 3 hour program. Sessions times vary by site ☐ AM ☐ PM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND THAT MY SUPPORTING DOCUMENTS ARE CORRECT.

Parent/Guardian Signature: ___________________________ Date: ___________________________
Purpose and Framing
The purpose of this interview is to support relationship building with families with children who are identified as dual language learners and learn more about each child’s experiences with language.

Identification of your child as a dual language learner in CSPP means that your child will benefit from additional support from the program in order to develop their home language and English language skills. This identification will serve them only in preschool and is different from any identification process or program supports a child might later receive as an English learner in TK or Kindergarten.

Family Language and Interest Interview Questions
1) What are your child’s interests and favorite activities? (For example, does your child have favorite stories, books, and songs)

2) What are some strengths you see in your child that we can build on? (For example, do they like to build things, do art, etc.)

3) How can we help support your child’s language and development at home? (For example, books to read at home, materials, activity ideas)

4) Young children love to talk, read, sing and are able to learn all the languages around them. Which language(s) does your child speak the most at home?

5) We want to best support your child’s language development and understand what language(s) they speak with family members. What language(s) does your child speak with their siblings, grandparents, other family members?

6) Which language(s) does your child speak the most overall? This would be inside and outside of the home combined.

7) In what language would you prefer to receive written communication from us? (While we would like to be able to accommodate all requests for written communication in a parent’s requested language, our program may not be able to translate written communication materials into that language.)

8) In what language would you prefer us to communicate verbally with you? (While we would like to be able to accommodate all requests for verbal communication in a parent’s requested language, our program may not be able to offer translation into that language.)

Families' questions and concerns:

Resources to share regarding benefits of multilingualism and home language development:
Keeping Your Home Language (available in 16 languages): https://cmascanada.ca/2018/05/15/keeping-your-home-language/
PERSONAL RIGHTS
Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

1. To be accorded dignity in his/her personal relationships with staff and other persons.
2. To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
3. To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
4. To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
5. To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
6. Not to be locked in any room, building, or facility premises by day or night.
7. Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME
Community Care Licensing

ADDRESS
2580 N First Street Suite 300

CITY
San Jose

ZIP CODE
95131

AREA CODE/TELEPHONE NUMBER
(408) 324-2148

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE: PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(Print the Name of the Facility)
GUSD Preschool Program

(Print the Address of the Facility)
240 Swanston Lane Gilroy CA 95020

(Print the Name of the Child)

(Signature of the Representative/Parent/Guardian)

(Title of the Representative/Parent/Guardian)

(Date)

LIC 613A (8/08)
CHILD CARE CENTER
NOTIFICATION OF PARENTS’ RIGHTS

PARENTS’ RIGHTS
As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.

2. File a complaint against the licensee with the licensing office and review the licensee’s public file kept by the licensing office.

3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.

4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.

5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.

6. Receive from the licensee the name, address and telephone number of the local licensing office.

   Licensing Office Name: Community Care Licensing
   Licensing Office Address: 2580 N First Street Suite 300
   Licensing Office Telephone #: San Jose CA 95031 (408) 324-2148

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.

8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice “Registered Sex Offender” database, go to www.meganslaw.ca.gov

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS’ RIGHTS
(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of ____________________________, have received a copy of the “CHILD CARE CENTER NOTIFICATION OF PARENTS’ RIGHTS” and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

GUSD Preschool Program
Name of Child Care Center

______________________________
Signature (Parent/Authorized Representative)

______________________________
Date

NOTE: This Acknowledgement must be kept in child’s file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice “Registered Sex Offender” database go to www.meganslaw.ca.gov
Santa Clara County Pilot
Authorization to Contact Employer (07/01/18)

This form is ONLY to be used for services being provided by Part-Day CSPP programs.

Authorization to Contact Employer

Title 5 §18084 ((1)(A)) requires that parents/guardians who are employed must provide a
release authorizing the contractor to contact the employer(s), to the extent known, that
includes the following information:

I, ____________________________, authorize

____________________________

(parent/guardian printed name)

Gilroy Unified School District – Preschool Program

(name of agency)

to contract my employer, if needed, to verify income for the purpose of approval for preschool
services.

Employer’s Name: ________________________________

Employer’s Address: ________________________________

Employer’s Telephone #: ________________________________

Usual Business Hours: ________________________________

Parent/Guardian Signature: ________________________________

Date: ________________________________

initials I feel that my employment will be at risk should my employer be contacted
Authorization to Contact Employer

This form is ONLY to be used for services being provided by Part-Day CSPP programs.

Authorization to Contact Employer

Title 5 §18084 ((1)(A)) requires that parents/guardians who are employed must provide a release authorizing the contractor to contact the employer(s), to the extent known, that includes the following information:

I, ____________________________________________ authorize

(parent/guardian printed name)

__________________________________________

Gilroy Unified School District – Preschool Program

(name of agency)

to contract my employer, if needed, to verify income for the purpose of approval for preschool services.

Employer’s Name: ____________________________________________

Employer’s Address: __________________________________________

Employer’s Telephone #: _______________________________________

Usual Business Hours: _________________________________________

Parent/Guardian Signature: ______________________________________

Date: __________________________

[ ] I feel that my employment will be at risk should my employer be contacted
Gilroy Unified School District
CONFIDENTIAL

Student’s Name: ___________________________ Date of Birth: __________

What is your Child’s Ethnicity? (Please Check One)

☐ Hispanic or Latino (A person of Cuba, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
☐ Not Hispanic or Latino

What is your child’s race? (Please check up to five racial categories)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

☐ American Indian or Alaskan Native (100)
   (persons having origins in any of the original people of North, Central or South America)
☐ Chinese (201)
☐ Japanese (202)
☐ Korean (203)
☐ Vietnamese (204)
☐ Asian Indian (205)
☐ Laotian (206)
☐ Cambodian (207)
☐ Hmong (208)
☐ Other Asian (299)
☐ Hawaiian (301)
☐ Guamanian (302)
☐ Samoan (303)
☐ Tahitian (304)
☐ Other Pacific Islander (399)
☐ Filipino/Filipino American (400)
☐ African American or Black (600)
☐ White (700) (persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

MOBILITY (Required/Mandated)

1. Circle the grade in which you are enrolling your child.  P K 1 2 3 4 5 6 7 8 9 10 11 12

2. Circle the grade when your child first entered/attended this district
   P K 1 2 3 4 5 6 7 8 9 10 11 12

3. When did/will your child first attend school in the United States?  Month _____  Yr _____
Family Needs Assessment

Preschool would like to help meet the needs of the children and families we serve. Please help us by completing the following survey.

Child’s Name ___________________________________ Parent’s Name ___________________________________

Does your child go by any other name than their legal first name? If so, what’s the name: _____________________________

What language is spoken at home?  □ English  □ Spanish  □ Other: ____________________________________________

Do you have any concerns about your child in any of the following areas? If yes, please explain below.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing</td>
<td>Learning/Cognitive Development</td>
</tr>
<tr>
<td>Vision</td>
<td>Social Development</td>
</tr>
<tr>
<td>Speech and Language</td>
<td>Physical Development</td>
</tr>
<tr>
<td>Behavior/Emotional Development</td>
<td>Other</td>
</tr>
</tbody>
</table>

Concerns: ____________________________________________________________________________________________

If your child has a diagnosed special need, is it documented? □ IEP □ FSP □ 504 Plan Other: __________________________

Would you like information or referrals for any of the following?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Assistance</td>
<td>Legal Services</td>
</tr>
<tr>
<td>Housing</td>
<td>Family Counseling</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Parenting Education or Information</td>
</tr>
<tr>
<td>Health/Immunizations</td>
<td>Dental Care</td>
</tr>
<tr>
<td>Other:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

Are there any specific topics you would like to see discussed at a parent meeting? If so, what?

______________________________________________________________________________________________

Parent Signature _____________________________ Date _______________________

______________________________________________________________________________________________

FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spoke to Parent</td>
</tr>
<tr>
<td>Gave Parent info</td>
</tr>
<tr>
<td>ASQ-SE given</td>
</tr>
<tr>
<td>Made referral on</td>
</tr>
<tr>
<td>Follow-up:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
ACKNOWLEDGMENT AND CONSENT

I, ____________________________, as the parent, guardian or legally authorized representative of ____________________________

Child(ren)'s name(s)

have been informed and understand that FIRST 5 Santa Clara County may share confidential information about my family with other persons or agencies that work with FIRST 5 to plan and provide services to my family.

Participating agencies working with FIRST 5 to plan and provide services may include, but are not limited to: medical providers, the Behavioral Health Services Department, the Public Health Department, the Social Services Agency, Pre-school and Head Start Programs, the Regional Center, early education providers and other providers of early childhood services.

Each agency will only release or exchange confidential information or records to other participating agencies when the information may be relevant to the services to be provided or for evaluation purposes as explained below.

A separate authorization form is required for the release of medical information from a health care provider. I understand that I may be requested to sign other forms for the release of medical information.

I understand that FIRST 5 is required to conduct evaluations of the services they provide to my family. This requires collecting and analyzing information and data that may include confidential information about my family. I understand that this information will help improve services to families like mine and that no confidential information will be included in any public report.

**FIRST 5 requires my permission to collect and analyze confidential information for evaluation purposes.** Such information may be shared with FIRST 5 evaluators, partners and providers of early childhood services. Each agency understands that they must maintain the confidentiality of such information and can further disclose such information only as required by law or as authorized by a written consent to release the information. There are minimal risks to my family from sharing this information.

I **give my permission** to FIRST 5 and its evaluators and partners to collect and analyze my family's personal information for program evaluation purposes.

I understand that if I choose not to sign this Acknowledgment and Consent, my family will still receive services and for that purpose my name and address will be entered into the FIRST 5 database and will be available to the administrator of the database.

I also understand that I may cancel this consent at any time by writing to the Research and Evaluation Department, FIRST 5 Santa Clara County, 4000 Moorpark Avenue, Suite 200, San Jose, CA 95117. Cancellation of my permission will not affect any information that has already been collected.

This consent shall remain in effect for 10 years.
I have read this form, or it has been fully explained to me, and I understand the provisions.

Parent(s), Legal Guardian or Legal Representative:

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Print Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Signature</td>
</tr>
</tbody>
</table>

Relationship to Child(ren)

| Relationship to Child(ren) | Relationship to Child(ren) |

Child(ren)'s Name(s)

Date

GUSD Preschool Program
Name of Agency obtaining parent signature and holding original form

Lupe Vela
Name of Person obtaining parent signature
CONSENT FOR EMERGENCY MEDICAL TREATMENT - Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

______________________________ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

GUSD Preschool Program

FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

______________________________ . THIS CARE MAY BE GIVEN UNDER

NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:


DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE           WORK PHONE

( )                    ( )

LIC 527 (9/08) (CONFIDENTIAL)
# Child's Preadmission Health History—Parent's Report

## Child's Name

<table>
<thead>
<tr>
<th>Father/Father's Domestic Partner's Name</th>
<th>Sex</th>
<th>Birth Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother/Mother's Domestic Partner's Name</th>
<th>Does Father/Father's Domestic Partner Live in Home with Child?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Child Been Under Regular Supervision of Physician?</th>
<th>Date of Last Physical/Medical Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Developmental History

*For infants and preschool-age children only*

<table>
<thead>
<tr>
<th>Walked At*</th>
<th></th>
<th>Began Talking At*</th>
<th></th>
<th>Toilet Training Started At*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Past Illnesses

Check illnesses that child has had and specify approximate dates of illnesses:

- [ ] Chicken Pox
- [ ] Asthma
- [ ] Rheumatic Fever
- [ ] Hay Fever
- [ ] Diabetes
- [ ] Epilepsy
- [ ] Whooping Cough
- [ ] Mumps
- [ ] Poliomyelitis
- [ ] Ten-Day Measles (Rubella)
- [ ] Three-Day Measles (Rubella)

Specify any other serious or severe illnesses or accidents:

## Daily Routines

*For infants and preschool-age children only*

What Time Does Child Get Up?*

What Time Does Child Go to Bed?*

Does Child Sleep Well?*

Does Child Sleep During the Day?*

When?**

How Long?**

Diet Pattern:

(What does child usually eat for these meals?)

Breakfast

Lunch

Dinner

Any Food Dislikes?**

Any Eating Problems?**

Is Child Toilet Trained?*

Yes

No

If Yes, At What Stage?*

Are Bowel Movements Regular?*

Yes

No

What Is Usual Time?*

Word Used For Bowel Movement?*

Word Used For Urination?*

Parent's Evaluation of Child's Health

Is Child Presently Under A Doctor's Care?*

Yes

No

If Yes, Name of Doctor:*

Does Child Take Prescribed Medications?*

Yes

No

If Yes, What Kind and Any Side Effects:

Does Child Use Any Special Device(s)?*

Yes

No

If Yes, What Kind:

Does Child Use Any Special Device(s) At Home?*

Yes

No

If Yes, What Kind:

Parent's Evaluation of Child's Personality

How Does Child Get Along with Parents, Brothers, Sisters and Other Children?

Has The Child Had Group Play Experiences?

Does The Child Have Any Special Problems/Fears/Needs? (Explain):

What Is The Plan For Care When The Child Is Ill?

Reason For Requesting Day Care Placement

Parent's Signature

Date

Lic. 702 (8/08) (Confidential)