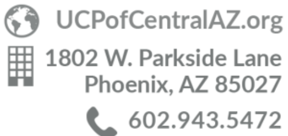


ENROLLMENT INFORMATION

Estimated Start Date: ___________________________________

Child's Name:________________________________ **Date of Birth:**____________________

Primary Address: ____

Parent/Guardian #1:

Name:____________________________________ Relationship: ______________________________________

Phone: ___________________________________ Email Address_____________________________________

Parent /Guardian #2:

Name:____________________________________ Relationship: ______________________________________

Phone: ___________________________________ Email Address_____________________________________

Alternate Emergency Contact #1:

Name: ______________________________________

Phone Number:______________________________

Relationship: _______________________________

Alternate Emergency Contact #2:

Name: ____

Phone Number:_________________________________

Relationship: __________________________________

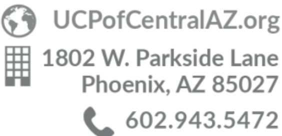
If the child's parents have divorced, custody papers are required to be kept on file.

Custody papers have been provided to the UCP ELC: Yes No

The following individuals may NOT remove my child from the facility:

____

____



FAMILY INFORMATION /BACKGROUND:

Child lives with:

- ☐ Mother: Biological/Step/Adoptive/ Foster
- ☐ Father: Biological/Step/Adoptive/ Foster
- ☐ Other _______________

Other Children Living with your Child:

Name: ________________________________ Age: ___________ Relationship:________________________

Name: ________________________________ Age: ___________ Relationship:________________________

Name: ________________________________ Age: ___________ Relationship:________________________

Your Child's Primary Language: ___________________________________

Other Languages Spoken in the Home: ____

Special days celebrated throughout the year:

____

____

____

Special family customs or culture specifics for the ELC to understand about your child:

____

____

____

CHILD'S PREFERENCES

How would you describe your child's personality?

____

____

____

Does your child have any special fears or problems that you are aware of?

____

____

____

What makes your child frustrated or upset?

____
____
____

How does your child like to be soothed when frustrated or upset? Does your child have favorite toy or comfort item?

____
____
____

Anything else you would like to share about your child:

____
____
____
____

DEVELOPMENTAL HISTORY

Developmental Milestone Ages

Crawled: ________________ Sat Alone: ________________ Walked Alone: ________________

Named Simple Objects: ________________ Spoke in Simple Sentences: ________________

Sleeping

What is your child's napping pattern? ____

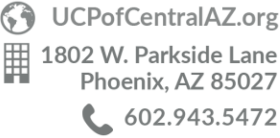
Screenings

Has your child's hearing been tested? Yes No

Were there any noted concerns? Yes No
If yes, what were the findings? ______________________________________

Has your child's vision been tested? Yes No

Were there any noted concerns? Yes No
If yes, what were the findings? ______________________________________



Self Help Skills

Is your child toilet trained? Yes No

Word your child uses for urination: ____

Word your child uses for bowel movements: ___________________________________

Does your child dress them self? Yes No

If yes, does your child:

- ☐ Remove shirt
- ☐ Remove pants
- ☐ Put on shirt
- ☐ Put on pants
- ☐ Put on socks and shoes

Can your child feed them self independently? Yes No

If yes, does your child use a:

- ☐ Fork
- ☐ Spoon
- ☐ Open cup
- ☐ Sippy cup

Does your child have any feeding difficulties? Are there any dietary restrictions or preferences?
____
____
____

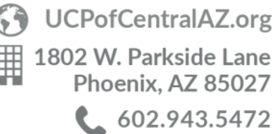
<u>SPECIAL NEEDS</u>

Does your child have identified special needs**?** Yes No

Does your child have a diagnosis? Yes No

If yes, what is your child's diagnosis? ____

A medical report with your child's diagnosis has been provided to the UCP ELC? Yes No



Please provide the following information:

What are the identified needs of your child?

____
____
____

Does your child have and IFSP, or/and IEP?   Yes   No

A copy of your child's most current IFSP or IEP must be provided prior to enrollment.

The current IFSP or IEP has been provided to the UCP ELC?   Yes   No

Where does your child receive therapy services?

- ☐ United Cerebral Palsy of Central Arizona
- ☐ School District/Developmental Preschool; District name:_____________________
- ☐ Other: ________________________________

What therapy services does your child receive?

- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ ABA Therapy
- ☐ Speech and Language Therapy
- ☐ Feeding Therapy
- ☐ Behavioral Therapy

A copy of your child's most current therapy report has been provided to the UCP ELC.   Yes   No

Is there anything else that the UCP ELC Team needs to know about your child?

____
____
____

I verify that the above information is correct to my best knowledge.

__________________________   __________________
Parent Signature   Date

____
Parent Printed Name