**OZAUKEE CHILD CARE & PRESCHOOL**

**ENROLLMENT QUESTIONAIRE**

**VERBAL COMMUNICATION:**

|  |  |
| --- | --- |
| What is your family’s spoken language? |  |
| Does your child speak in complete sentences or words? |  |
| Are there any words your child uses to describe their needs? |  |

**SELF-EXPRESSION:**

|  |  |
| --- | --- |
| What are triggers that may cause your child to feel:   1. Angry/Frustrated 2. Sad/Afraid | 1.  2. |
| How does your child express the following:   1. Anger/Frustration 2. Saddness 3. Happiness/Excitement | 1.  2.  3. |
| Does your child have a particular fussy or irritable time of day? If so, what are the signs and how is it best handled? |  |

**HEALTH HISTORY:**

|  |  |
| --- | --- |
| List any health conditions/concerns your child may have. Include any allergies, cognitive disorders, frequent ear infections, colds etc… |  |
| List any signs or symptoms to watch for and what steps should be taken by the child care provider. |  |
| Does your child enjoy a good variety of food selections? If not, please explain. |  |

**Our facility requires a deposit equal to one week of care prior to enrollment, as well as weekly tuition payments to be made on Wednesday each week via credit card or debit card. Are you able fulfill these requirements? YES NO (circle one) If NO, please explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please share any other information you feel would be helpful for us to know!**

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