

ST. ALBAN'S PRE-SCHOOL
1 Church Lane, Oakland, NJ 07436
(201) 337 - 5928 * FAX (201) 651 - 9486

STUDENT ENROLLMENT INFORMATION

Child's Name: _____ DOB: _____

Physician Name Phone: _____

Physician Address: _____

EATING HABITS

Does the child feed himself? _____

Does the child violently dislike any foods? _____

Has feeding ever been a problem? _____

SLEEPING HABITS

Does the child tire easily? _____ If so, responding how? _____

Does the child nap every day? _____ At what time? _____

Does the child awaken easily? _____

TOILET HABITS

Is the child toilet trained? _____ Night? Daytime? _____ Naptime? _____

Does the child ask to go to the toilet? _____ If so, how? _____

IN GENERAL

What are your child's principal interests? _____

Does the child have habits such as thumb-sucking, throwing tantrums? _____

Does your child have any noteworthy fears? _____ Examples (such as noise, the dark) _____

When did your child start talking? _____ Does your child like to talk? _____

Does your child get along well with other children? _____

With whom does your child play? _____ Playmates' ages _____

Does child have any behavior problems? _____

Does child have any special problems when it comes to you? _____

Do you have pets? _____ Type? _____ Names? _____

Does your child have any allergies? _____ What are they? _____

Symptoms? _____ Medication? _____

Discuss any special circumstances tending to affect your child's progress at school. (Feel free to use reverse side.)