

Wee Wildcat Daycare Application

Child's Name: _____ **Age:** _____

Birthday: _____

Parent's Name(s): _____

Address: _____

Telephone #: _____

Another person to be reached in the event of an emergency and you cannot be reached:

Name: _____ **Telephone** _____ **Relation:** _____

Please help is make sure you child's experience here is productive and enjoyable by answering the following questions. Please feel free to add any information that you feel is vital to making this program the best that it can be for your child. Thank you for your cooperation.

Speech and Language

- 1) When your child speaks Always Sometimes Never
- a) Do you understand him/her?
 - b) Do others understand him/her?
- 2) Is there any aspect about your child's speech that concerns you?
- 3) When listening, your child:
- a) Easily understands what is said to him/her
 - b) Sometimes unsure or confused
 - c) Can only follow short directions or parts of longer directions
- 4) Do you feel your child listens well in general? Yes No
- 5) Does your child seem to have good vocabulary? Yes No
- 6) Do you read to your child?
- a) Regularly
 - b) Occasionally
 - c) Never
- 7) How does your child like to be read to?
- a) A lot
 - b) Just starting to
 - c) Not very much
- 8) Stories:
- a) Remembers the story, anticipates what is coming and often fills in the words.
 - b) Does not seem to remember the story from one time to the next.
 - c) Other

9) Your child and TV:

- a) Watches average amount of time per day.
- b) Watches for long periods of time.
- c) Watches for a short period of time then loses interest.
- d) Does not watch TV.

Programs he/she likes:

Coordination:

1) Please circle the activities your child can do.

- a) Can hop up and down on one foot.
- b) Can balance on one foot.
- c) Can throw a ball with reasonable accuracy.
- d) Can usually catch a ball.
- e) Can use scissors.
- f) Likes to draw and color.
- g) Can dress him/herself.
- h) Can button.
- i) Can run.
- j) Can tie shoes.
- k) Can jump.

2) What hand does your child right with? Right Left

Social:

1) How does your child play with other children? Please circle all that apply.

- a) Has a lot of friends.
- b) Prefers to play alone.
- c) Prefers one to two others.
- d) Plays mainly with brothers and sisters.
- e) Prefers to play with younger children.
- f) Prefers to play with older children.

2) What does your child like to play?

- a) Prefers outdoor activities.
- b) Prefers indoor activities.
- c) Likes both equally.

Please add any additional information that you think is important for us to know about your child. We are interested in things that he/she does very well and things that you think he/she might find difficult. Does he/she have any strong dislikes? Any specific fears we should know about? Does your child have any allergies? (Please list all.) Does your child have asthma, diabetes, or does he/she need to take any kind of medication?

Thank you very much for your time and effort. We look forward to working with you and your child during the next few weeks.

Sincerely,

Teaching Young Children Class, and Mary Trigge