

**ST. AUGUSTINE MANOR CHILD ENRICHMENT CENTER**  
**7801 DETROIT AVENUE**  
**CLEVELAND, OHIO 44102**  
**216-939-7681 or 216-634-7442**  
**Fax: 216-939-7298**

**\$30 Registration Fee is non-refundable.**

Date \_\_\_\_\_ Date your child would be ready to enroll \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Birthdate \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Occupation \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home address, zip \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

School or business address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Business Phone(\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Occupation \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home address, zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

School or business address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Where is your child presently being cared for \_\_\_\_\_ Referred by \_\_\_\_\_

By what name is this child called at home? \_\_\_\_\_

**CHILD'S BROTHERS AND SISTERS:**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Others in household: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEVELOPMENTAL HISTORY:**

Type at birth: ☐ Normal ☐ Premature Any complications? \_\_\_\_\_

(Many of the following questions may not be applicable to Infants)

**Dressing:**

Does he/she help to dress or undress self? ☐ Yes ☐ No If yes, how much? \_\_\_\_\_

**Toilet Habits:**

Can the child be relied upon to indicate his/her bathroom needs? ☐ Yes ☐ No  
What word is used for urination? \_\_\_\_\_ For bowel movements? \_\_\_\_\_  
Does the child need to go more frequently than usual for his/her age? ☐ Yes ☐ No  
Is your child toilet trained? ☐ Yes ☐ No Does he/she wet the bed at night? ☐ Yes ☐ No  
How often? \_\_\_\_\_ Does your child ever wear diapers? ☐ Yes ☐ No

**Social Relationships:**

Has she/he had experiences in playing with other children? ☐ Yes ☐ No  
By nature, is she/he friendly \_\_\_\_\_ aggressive \_\_\_\_\_ shy \_\_\_\_\_ withdrawn \_\_\_\_\_  
How does she/he get along with brothers and sisters? \_\_\_\_\_ Other adults? \_\_\_\_\_  
With what age child does she/he prefer to play? \_\_\_\_\_  
What group experiences has your child had to date? \_\_\_\_\_

Does she/he know any children in the Center? ☐ Yes ☐ No  
Do you feel she/he will adjust easily to the school situation? ☐ Yes ☐ No  
Does she/he demand a lot of adult attention? ☐ Yes ☐ No  
What make him/her angry or upset? \_\_\_\_\_

Is he/she frightened by any of the following: ☐ animals ☐ dark ☐ loud noises ☐ rough children  
☐ storms ☐ other \_\_\_\_\_

Favorite toys and activities at home \_\_\_\_\_

Does she/he like to be read to? ☐ Yes ☐ No Listen to music? ☐ Yes ☐ No  
Does she/he like to play outdoors? ☐ Yes ☐ No Can he/she ride a tricycle? ☐ Yes ☐ No  
Has she/he had experience with: \_\_\_\_\_ clay \_\_\_\_\_ scissors \_\_\_\_\_ easel painting  
\_\_\_\_\_ finger painting \_\_\_\_\_ blocks \_\_\_\_\_ water play

How much time does your child spend daily watching T.V.? \_\_\_\_\_  
What are his/her favorite programs? \_\_\_\_\_

Age she/he began \_\_\_\_\_ sitting \_\_\_\_\_ crawling \_\_\_\_\_ walking  
Is she/he a good climber? ☐ Yes ☐ No Does she/he fall easily? ☐ Yes ☐ No  
Age she/he began \_\_\_\_\_ talking in words \_\_\_\_\_ sentences  
Does she/he have any difficulties speaking? ☐ Yes ☐ No If yes briefly explain \_\_\_\_\_

**Eating:**

Is child usually hungry at meal time? ☐ Yes ☐ No Between meals? ☐ Yes ☐ No  
What are his/her favorite foods? \_\_\_\_\_  
What foods are refused? \_\_\_\_\_  
Does the child have any eating problems? \_\_\_\_\_  
Does your child eat with a spoon \_\_\_\_\_ fork \_\_\_\_\_ hands \_\_\_\_\_  
What is your procedure concerning food dislikes? ☐ Ignore ☐ Encourage ☐ Insist  
Does your child have any dietary restrictions? \_\_\_\_\_  
Any food allergies? ☐ Yes ☐ No Please list all food allergies. \_\_\_\_\_

**Sleeping:**

What time does your child go to bed at night? \_\_\_\_\_

What time does your child awaken in the morning? \_\_\_\_\_

Is she/he ready for sleep? ☐ Yes ☐ No Does she/he have his/her own room \_\_\_\_\_ own bed \_\_\_\_\_.Does he/she talk, cry out at night? ☐ Yes ☐ No

What does he/she take to be with him/her \_\_\_\_\_

What is his/her mood on awakening? \_\_\_\_\_

Does she/he take naps? ☐ Yes ☐ No (from when \_\_\_\_\_ to when \_\_\_\_\_)**Discipline:**How do you discipline your child? ☐ spanking ☐ scolding ☐ putting to bed ☐ reasoning☐ isolation ☐ denial of privileges. What other ways? \_\_\_\_\_

What do you find is the best way of handling him/her? \_\_\_\_\_

Have any of the following happened recently? (Give dates)

A move \_\_\_\_\_ a new baby \_\_\_\_\_ a death \_\_\_\_\_ Who? \_\_\_\_\_

A hospitalization \_\_\_\_\_ Who? \_\_\_\_\_ Separation \_\_\_\_\_

Other \_\_\_\_\_

What would you most like the Center to do for your child? \_\_\_\_\_

What days of the week will your child most likely attend:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

What time would you drop off your child \_\_\_\_\_ What time would you pick up your child? \_\_\_\_\_

Do you intend to participate in the County Voucher Program Yes \_\_\_\_\_ No \_\_\_\_\_

**MEDICAL INFORMATION**What communicable diseases has child had? ☐ Measles (Big Red) ☐ 3 Day Measles ☐ Mumps☐ Chicken Pox ☐ Whooping Cough ☐ Other \_\_\_\_\_Any serious illnesses or hospitalizations? ☐ Yes ☐ No if yes, explain \_\_\_\_\_Any physical disabilities? ☐ Yes ☐ No if yes, explain \_\_\_\_\_

How many colds have your child had in the last year? \_\_\_\_\_

Are medications given regularly? ☐ Yes ☐ No If so, what are they? \_\_\_\_\_

How does your child react to having a fever? \_\_\_\_\_

Child's Physician or Clinic \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Parent/ legal guardian Signature:	Date
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