What is his general attitude toward eating?_____

If he refuses to eat, how is this handled?_____

Favorite Foods?_____Disliked Foods?_____

Foods he is allergic to?_____

Sleep Habits:

Has room alone?_____Share with other children?_____Rooms with parents?_____

At night sleeps from_____to_____Average hrs._____Naps from_____to _____

Attitude toward going to bed_____

If there is difficulty,how is this handled?_____

Habits associated with going to bed_____

Does he wet the bed?_____At nap time?_____At night?_____

If so,how is this handled?_____

Toilet Habits:

Does he go to the bathroom by himself?_____Time of bowel movement____

Regular_____Constipated?_____Does he go to the bathroom willingly?_____

Can he manage his clothes himself at the toilet?_____

What word does he use for urinating?_____BM?_____

Speech and Physical Growth:

Does he talk well?_____Fairly well?_____Indistinctly?_____Not at all?_____

Does anyone read to him?_____How regularly?_____

At what age did he creep?_____Crawl?_____Walk?_____

Would you describe him as active or quiet? thin,average,or heavy? short, average,or tall? friendly or unfriendly?_____

Give below any other information you think we should have about your child:

EMERGENCY TREATMENT

I give my permission to the staff of Smith Pre-School to administer emergency treatment to my child as is indicated by the nature of the accident or injury. Smith Pre-School will get in touch with either parent or the person authorized by me to act in my behalf in case of emergency as soon as possible.

_____

Parent's Signature

* * A $75.00 CHECK MUST ACCOMPANY THIS APPLICATION PRIOR TO ACCEPTANCE * *