

**The Woodbrook Early Education Center
A Ministry of Woodbrook Baptist Church**

25 Stevenson Lane | Baltimore, Maryland 21212 | 410.377.8918



PARENT ENROLLMENT/ALL ABOUT ME QUESTIONAIRRE

Please help us get to know your child better by providing some valuable, confidential information. This enrollment questionnaire will only be shared with the director and the classroom teachers involved with taking care of your child. Thank you.

Child's Name (First, Middle & Last) _____

Name to be learned at school _____ Date of Birth _____

Parent's names _____

Circle One: Male Female Is Your Child Toilet Trained? Yes No

Families Primary Language _____ Child's Primary Language _____

Has there been exposure to the English Language? Yes No

If yes, please explain _____

Parent #1 home phone _____ Work/Cell _____

Parent #2 home phone _____ Work/Cell _____

Child living with: Both parents _____ Mother _____ Father _____ Other _____

Brothers and Sisters name and ages: _____

Religious Affiliation: _____

Countries, cultures that are represented in your family: _____

Holidays, celebrations, customs, traditions your family observes/how observed: _____

Tell us about some of the occupations and professions represented in your family: _____

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Does your child have an IEP (Individual Educational Plan) or IFSP (Individual Family Support Plan)? Yes No

If the answer is yes, please provide the WEE Center with a copy of the document.

TEMPERAMENT AND PERSONAL STYLE

Please tell us a little about your child's temperament and personal style so that we can provide appropriate guidance and support. (For example, is your child active? Quiet? Shy? Outgoing? Intense? Easygoing? Persistent? Distractible?)

What does your child do that makes you smile? _____

Does your child have any fears? _____

What are the methods of discipline used with your child? _____

What are your child's strengths? _____

What is challenging for your child? _____

What are goals you have for your child? _____

What does it look like when your child is challenged? _____

What helps your child get through that challenge? _____

Does your child nap? If yes, for how long? _____

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INTERESTS

Please tell us about your child's favorite activities to do at home or in the neighborhood (circle all that apply.)

Sports/outdoor games
Board/table games
Dancing
Music
Playing an instrument

Singing
Arts and Crafts
Exploring Nature
Reading
Building things

Socializing with friends
Reading
Play acting
Cooking
Other: _____

Has your child attended other preschools? Yes No

If yes, where? _____ Length of time? _____

Was this a successful experience for your child? _____

Why or why not? _____

What made you choose to change schools? _____

Is your child currently enrolled in other pre-schools or special groups?
(Sunday School, gymnastics, sports, play group, etc.?)

MEDICAL HISTORY

Full Term Pregnancy: Yes _____
No _____

If no, please explain: _____

Allergies (foods, etc.): _____

PLEASE HAVE YOUR PEDIATRICIAN DOCUMENT ALLERGIES ON THE MEDICAL FORM TOO

Does your child have difficulties with: Hearing? _____ Speech? _____ Vision? _____

Does your child have any other special healthcare/dietary needs? Yes _____ No _____

If yes to any of the above, please explain: _____