



# Enrollment Forms List

**Preschool**

**Afterschool**

**Summer Enrichment**

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Forms	Comments
1. <input type="checkbox"/> <b>DILC Enrollment Form</b> <input type="checkbox"/> \$30.00 Enrollment Fee	
2. <input type="checkbox"/> <b>Care4Kids Application</b>	
3. <input type="checkbox"/> <b>Care4Kids Parent Provider Agreement</b>	
4. <input type="checkbox"/> <b>4 Current Paychecks (If applying for Care4Kids)</b>	
5. <input type="checkbox"/> <b>Parent Page of Health Assessment (if not included with Students Health Assessment)</b>	
6. <input type="checkbox"/> <b>Student Health Assessment (receive from Doctors Office)</b>	
7. <input type="checkbox"/> <b>Immunization Record</b>	
8. <input type="checkbox"/> <b>Potassium Iodide Authorization Form</b>	
9. <input type="checkbox"/> <b>Permission/ Release Forms</b>	
10. <input type="checkbox"/> <b>Income Eligibility Form (Nutrition)</b>	
11. <input type="checkbox"/> <b>NESS Form</b>	
12. <input type="checkbox"/> <b>Behavior Agreement (School-Age only)</b>	
13. <input type="checkbox"/> <b>Home Language Survey</b>	
14. <input type="checkbox"/> <b>Authorization for Administration of Medication (if applicable)</b>	
15. <input type="checkbox"/> <b>Developmental History (Preschool)</b>	
16. <input type="checkbox"/> <b>Sunscreen (Summer Program)</b>	
17. <input type="checkbox"/> <b>Horse Sense Application (Summer Program if applicable)</b>	

# The Center: A Drop-In Community Learning & Resource Center



P.O. Box 848 • New London, CT 06320  
Tel: 860.442.4466

<b>For Office Use Only</b> Start Date: _____
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**Application fee: \$30(non-refundable)**

## ENROLLMENT FORM

<b>Program Selection:</b>			
<input type="checkbox"/> Before Care (6:30am-8:00am)	<input type="checkbox"/> Summer Enrichment (K-8 <sup>th</sup> grade)		
<input type="checkbox"/> After School Enrichment (K-5 <sup>th</sup> grade)	<input type="checkbox"/> Early Childhood Education		
<b>Child's Name</b>	Birth Date	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		Telephone #	
Child's School Name (if School Age):		Child's Current Grade:	
<b>Mother's/Guardian's Name</b>		Home #	
Home Address		Cell #	
Email Address			
Place of Employment		Work #	
Employment Address			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced Do you speak another language at home other than English?    ___ NO    ___ YES (Specify) _____			
<b>Father's /Guardian's Name</b>		Home #	
Home Address		Cell #	
Email Address			
Place of Employment		Work #	
Employment Address			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced Do you speak another language at home other than English?    ___ NO    ___ YES (Specify) _____			

# The Center: A Drop-In Community Learning & Resource Center

The following information is essential for our Donors and Funding Community.

Please select a "Race" and answer yes or no under Hispanic/Latino and if you answer yes; please provide your child's Ethnicity/Country of Origin.

"Race Categories"	Hispanic or Latino	Ethnicity/Country of Origin
<input type="checkbox"/> White	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____
<input type="checkbox"/> Black /African American	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____
<input type="checkbox"/> Asian	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____
<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____
<input type="checkbox"/> Asian & White	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____
<input type="checkbox"/> Black/African American & White	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____
<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____
<input type="checkbox"/> American Indian/Alaskan Native & Black African American	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____
<input type="checkbox"/> Other Multi Racial: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____

Is this child a ward of the state? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Social Worker's Name _____ Phone # _____
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**Emergency Contact Information: *At least Two (2) contacts other than the legal guardians***

Primary emergency contact and pick-up name ( <i>cannot be guardian</i> ):  Address  Email Address  Relationship to Child	Home #
	Cell #
	Work #

# The Center: A Drop-In Community Learning & Resource Center

<b>Secondary emergency contact and pick-up name (<i>cannot be guardian</i>):</b>	Home #
Address	Cell #
	Work #
Email Address	
Relationship to Child	

<b>#3 emergency contact and pick-up name (<i>cannot be guardian</i>):</b>	Home #
Address	Cell #
	Work #
Email Address	
Relationship to Child	

<b>#4 emergency contact and pick-up name (<i>cannot be guardian</i>):</b>	Home #
Address	Cell #
	Work #
Email Address	
Relationship to Child	

Physician Name _____	Physician Phone Number _____
Physician Address _____	City/State/Zip _____
Dentist Name _____	Dentist Phone Number _____
Dentist Address _____	City/State/Zip _____

# The Center: A Drop-In Community Learning & Resource Center

## General Release

Child First Name: \_\_\_\_\_ Child Last Name: \_\_\_\_\_

I, \_\_\_\_\_, the legal guardian of \_\_\_\_\_  
(Print Legal Guardian's Name) (Print Child's Name)

Hereby release *The Center: A Drop-In Community Learning & Resource Center program*, and any organization with which it might contract for services, from any and all liability for any injury that might befall my child during *The Center: A Drop-In Community Learning & Resource Center* programs and activities. I understand that this program is educational and recreational and I hereby certify my child is in good health and may participate in all aspects of program activities except as stated in writing and included on this form.

I give permission for my child to participate in:

- My child care provider, has my permission to transport my child, if necessary, when my child is in care.
- Field trips either walking, in the van or bus.
- Computer classes and I will review the Parent Handbook policies and procedures and discuss the policies and the acceptable use of the computer and Internet with my child/children.

I authorize the New London Public School District to give any and all medical and/or educational records concerning my child to *The Center: A Drop-In Community Learning & Resource Center*. I understand that this information will be used to meet state health requirements and to evaluate the academic and fitness needs and performance of my child. I further give consent to *The Center: A Drop-In Community Learning Center* to assess the impact of programming on my child's academic progress and social development through research and use of evidence based practices.

I authorize *The Center: A Drop-In Community Learning & Resource Center* the right to use photographs and other records of my child's likeness, voice, and sounds during his/her participation, and to reuse or license the right to reuse such photographs and recordings of his/her name, likeness and biography, in all media and in all forms, including, but not limited to, his/her participation in programs and activities, without compensation to me or any limitation whatsoever.

**Behavior Management-** We promote a positive system of behavior management based on praise, humor, modeling, redirection, and choice. If a child does not respond to these strategies, the staff member will issue a verbal warning. If the behavior continues, issue a second warning and indicate the consequences if the behavior continues. After the second warning staff may:

- Initiate a time-out for a period of time that is age-appropriate (number of minutes not to exceed the age of the child)
- Limit participation in activities
- Revoke privileges
- Contact the parent

The following behaviors will not be tolerated: fighting, stealing, vandalism, intimidation, extortion, and defiance. Consequences for such behavior may include:

- Suspension from the program
- Reparation of damages
- Dismissal from the program
- Log any intervention in the participant's file.
- Following any disciplinary intervention, ask the child to identify the behavior that warranted the intervention as well as appropriate behaviors to use next time.

**Methods of Discipline:**

- Children will be encouraged to think of solutions or alternatives for their own misbehavior. This enables the child to accept responsibility for their own actions.
- Children will be redirected from aimless, inappropriate behavior to a more constructive, successful experience by using appropriate choices.
- Children will be removed from a provoking situation. This technique gives children the opportunity to gain control of him/her self. If the child becomes out of control and/or poses a danger to him/her self or other children, he will be sent to the Head Teacher or the Executive Director. The objective is to preserve the child's self-esteem, not to exploit or demean the child. The child decides how long he/she needs before returning to the group.

I authorize *The Center: A Drop-In Community Learning & Resource Center*, to have any and all necessary medical care provided to my child in case of an emergency. I understand that I will be contacted as soon as possible, should such emergency arise.

Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_



State of Connecticut Department of Education  
**Health Assessment Record**



**To Parent or Guardian:**

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physi-

cian assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

*Please print*

Student Name (Last, First, Middle)		Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)			
Parent/Guardian Name (Last, First, Middle)		Home Phone	Cell Phone
School/Grade	Race/Ethnicity		<input type="checkbox"/> Black, not of Hispanic origin
Primary Care Provider	<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> White, not of Hispanic origin
	<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Asian/Pacific Islander
			<input type="checkbox"/> Other
Health Insurance Company/Number* or Medicaid/Number*			
Does your child have health insurance?		Y N	If your child does not have health insurance, call 1-877-CT-HUSKY
Does your child have dental insurance?		Y N	

\* If applicable

**Part I — To be completed by parent/guardian.**

**Please answer these health history questions about your child before the physical examination.**

Please circle Y if "yes" or N if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y N	Hospitalization or Emergency Room visit	Y N	Concussion	Y N
Allergies to food or bee stings	Y N	Any broken bones or dislocations	Y N	Fainting or blacking out	Y N
Allergies to medication	Y N	Any muscle or joint injuries	Y N	Chest pain	Y N
Any other allergies	Y N	Any neck or back injuries	Y N	Heart problems	Y N
Any daily medications	Y N	Problems running	Y N	High blood pressure	Y N
Any problems with vision	Y N	"Mono" (past 1 year)	Y N	Bleeding more than expected	Y N
Uses contacts or glasses	Y N	Has only 1 kidney or testicle	Y N	Problems breathing or coughing	Y N
Any problems hearing	Y N	Excessive weight gain/loss	Y N	Any smoking	Y N
Any problems with speech	Y N	Dental braces, caps, or bridges	Y N	Asthma treatment (past 3 years)	Y N
<b>Family History</b>				Seizure treatment (past 2 years)	Y N
Any relative ever have a sudden unexplained death (less than 50 years old)		Y N		Diabetes	Y N
Any immediate family members have high cholesterol		Y N		ADHD/ADD	Y N

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

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Is there anything you want to discuss with the school nurse? Y N If yes, explain:

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Please list any medications your child will need to take in school:

All medications taken in school require a separate Medication Authorization Form signed by a health care provider and parent/guardian.

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian

Date



# Permission Release Form

## Acknowledgement of:

First Aid / CPR • Behavior Management • Field Trips • Photos and Videos

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_

### First Aid and CPR Permission

I acknowledge that I have read the Accident and Emergency policy in the parent handbook and I give the Drop staff permission to administer First Aid and/or CPR to my child.

\_\_\_\_\_  
Signature of Parent/Guardian

### Discipline Policy and Behavioral Guidance

I acknowledge that I have read the Discipline Policy and Behavioral Guidance in the parent handbook and I give the Drop staff permission to use appropriate measures as stated in the handbook.

\_\_\_\_\_  
Signature of Parent/Guardian

### Field Trips

I acknowledge that I have read the Field Trip Policy in the parent handbook and I will follow the stated procedures.

\_\_\_\_\_  
Signature of Parent/Guardian

### Photo Release

I give consent to the use of photographs/videos taken during our programs for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use.

\_\_\_ Yes, I give consent for The Drop-In Learning Center/Camp to photograph my child for program purposes and/or events.

\_\_\_ No, I do not authorize to The Drop-In Learning Center/Camp to photograph for my child for any event.

\_\_\_\_\_  
Signature of Parent/Guardian

Child and Adult Care Food Program (CACFP)

**INCOME ELIGIBILITY APPLICATION FOR CHILD CARE CENTERS AND HEAD START**

For instructions, see *Instructions for Income Eligibility Application for Child Care Centers and Head Start*.

**PART 1 — CHILD'S INFORMATION**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date (month, day, year): \_\_\_\_\_

Child's Normal Child Care Schedule (Check all days that apply):

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Child's Normal Hours of Care (Include time and circle AM or PM):

\_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM and \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

Normal Meal Services Provided to Child (Check all meals/snacks that apply):

- Breakfast  A.M. Snack  Lunch  P.M. Snack  Supper

**PART 2A — PARTICIPANTS CATEGORICALLY ELIGIBLE AS FREE FOR CACFP BENEFITS**

Households receiving Supplemental Nutrition Assistance Program (SNAP) (formerly known as Food Stamps) or Temporary Family Assistance (TFA) benefits, and households with foster children: Complete this part and part 3. Do not complete part 2B.

SNAP Case Number: \_\_\_\_\_ TFA Case Number: \_\_\_\_\_ Check if foster child:

**PART 2B — ALL OTHER HOUSEHOLDS**

If you did not complete part 2A, complete this part and part 3.

Names of all household members <i>List everyone in the household, including the child listed in part 1 above</i>	Gross income and how often it was received: Indicate if income was received monthly, two times a month, every two weeks or weekly by placing the amount of income in the appropriate frequency box. You must place the income in the appropriate frequency box.											
	Earnings from Work (before deductions) — Job 1				Public Assistance/ Alimony/Child Support				Pensions/Retirement/Social Security/All Other Income			
	Weekly	Biweekly Every 2 weeks	2X Month	Monthly	Weekly	Biweekly Every 2 weeks	2X Month	Monthly	Weekly	Biweekly Every 2 weeks	2X Month	Monthly
(Example) Jane Smith	\$200					\$134						
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												

**PART 3 — CONTACT INFORMATION, SIGNATURE AND SOCIAL SECURITY NUMBER**

An adult household member must sign and date this form before it can be approved.

I certify (promise) that all information on this form is true and that all income is reported. I understand that the center will receive federal funds based on the information I provide. I understand that CACFP officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws.

Printed Name of Adult: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Last four digits of Social Security Number (SSN): XXX-XX- \_\_\_\_\_  I do not have a SSN

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



**CACFP INCOME ELIGIBILITY APPLICATION FOR CHILD CARE CENTERS AND HEAD START continued**

**PART 4—RACIAL AND ETHNIC IDENTITY (OPTIONAL)** *You are not required to complete this part.*

**Ethnicity (Check one):**

- Hispanic/ Latino
- Not Hispanic/Latino

**Race (Check one or more):**

- Asian
- White
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.


**FOR SPONSOR USE ONLY—DO NOT WRITE BELOW THIS LINE**

Annual Income Conversion: Weekly X 52 • Every 2 weeks X 26 • Twice a Month X 24 • Monthly X 12

Total family income: \$ \_\_\_\_\_ Family size: \_\_\_\_\_ OR  SNAP/TFA household  Foster Child

Eligible Free  Eligible Reduced  Over Income

Sponsor Eligibility Official: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*



For information on the CACFP, visit the CSDE's CACFP website or contact the CACFP staff in the Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103.

*This form is available at*  
<http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/Forms/IncElig/IEAppCenter.pdf>.



## Behavior Agreement

Child's Name: \_\_\_\_\_

The Drop-In Learning Center is a place where individual differences are valued, where people are supported in reaching their goals and accomplishing challenges, and where everyone can have fun. Creating such an atmosphere requires the commitment of all participants. We ask everyone to agree to the behavior expectations listed below. Children and parents/guardians should review and discuss these guidelines together.

### **I Will Show Respect for Others**

- I will respect other people's space, ideas and values, even if they are different from my own.
- My actions and language will have a positive impact on others.
- I understand that any behavior that could harm (physically or emotionally) another child or staff member, or which is disrespectful, is unacceptable at The Drop.

### **I Will Show Respect for Myself**

- I will make the most of learning opportunities at The Drop by participating fully in activities, and I will try new things and have a positive attitude.
- I will not allow exclusive relationships (like those with friends from home or school) to prevent me from getting to know other people at The Drop, or from including others in activities.
- I will stay with my group and always ask a staff/instructor before leaving the group.

### **I Will Show Respect for The Environment and The Drop Facilities**

- I understand that I'm expected to share responsibility for keeping personal and community areas neat and clean.
- I will pick up litter, and not damage or remove anything from the environment.
- I will take care of The Drop's facilities and/or any other facility that the Drop uses (i.e. Conn. College, Expressiones, Ness, Library, etc.) program supplies, and equipment.
- I will put materials and equipment away when I finish using it.

### **I Will Show Respect for Everyone's Health and Safety**

- I understand that the possession and use of tobacco, alcohol, or illegal drugs is prohibited. I will not have/use these at The Drop.
- I understand that fireworks, firearms, pocket knives, and other weapons are not allowed. I will not bring these to The Drop.
- I will abide by all safety standards explained by the staff/instructor.
- I understand that physical and emotional bullying or violence will result in my immediate dismissal from The Drop.

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**If a child has difficulty following The Drop's behavior expectations, Drop staff will:**

- remind the child of expected behavior.
- review the Behavior Agreement.
- Notify Parents/Guardians with a written and verbal notification.

If a pattern of inappropriate behavior continues, The Drop staff will work with the child to set specific, appropriate behavior goals and outline consequences for continued inappropriate behavior.

If inappropriate behavior of any kind (such as physical or emotional violence, bullying, or possession of prohibited items) is not brought under control within two (2) weeks or less it will result in immediate dismissal from the program and all fees paid will be forfeited. The parent/guardian is responsible for picking up a dismissed child immediately.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed Name of Parent/Guardian

\_\_\_\_\_  
Date

By signing this agreement all parties agree to the stipulations in the document and will following accordingly.



## Home Language Survey

The Drop would like all families to share the language(s) spoken in each child's home to identify their specific language needs. This information is essential for schools to provide meaningful instruction for all families. If a language other than English is spoken in the home, please help us by filling out the information below. Thank you for your assistance.

### STUDENT INFORMATION

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

Date of Birth \_\_\_\_\_ Country of Origin \_\_\_\_\_

### QUESTIONS for PARENTS /GUARDIANS

1. What is the native language (s) of each parent/guardian? (check one)

\_\_\_\_\_

Mother     Father     Guardian                       Mother     Father     Guardian

2. What language did your child first understand and speak? \_\_\_\_\_

3. Which other languages does your child know? (check all that apply)

\_\_\_\_\_ Speak     Read     Write

\_\_\_\_\_ Speak     Read     Write

4. Which languages does your child use? \_\_\_\_\_

5. Will you require written information from school in your native language?    Yes     No

6. Will you require an interpreter/translator at Parent-Teacher meetings?    Yes     No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Development History

Please fill out this Development Record, it will be a great help to us to serve you and your child's needs.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Describe your child briefly (physical appearance, personality, abilities):

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Any allergies? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

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Was your pregnancy with this child full term? \_\_\_\_\_

If not, at what gestation did delivery occur? \_\_\_\_\_

Is your child's skin highly sensitive? \_\_\_\_\_

Describe your child's typical daily schedule: \_\_\_\_\_

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Is your child a finicky eater? \_\_\_\_\_

Are bowel movements regular? \_\_\_\_\_ How many times a day? \_\_\_\_\_

How frequent do accidents occur? \_\_\_\_\_

## BEHAVIORAL DEVELOPMENT

Does your child have a "fussy" time? \_\_\_\_\_ When? \_\_\_\_\_

How is the time handled? \_\_\_\_\_

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(over)

