

GIOCARE, LLC.

Giocare Playschool
279 18th Street
Brooklyn, NY 11215
(347) 827-1372

ADMISSION FORM

Child's Name _____
Parent 1 Name _____ Occupation _____
Home Phone _____ Cell Phone _____ E-mail _____
Business Name/Address _____ Business Phone _____

Parent 2 Name _____ Occupation _____
Home Address (if different from above) _____
Home Phone _____ Cell Phone _____ E-mail _____
Business Name/Address _____ Business Phone _____

Does your child have a preferred **nickname**? _____

Home Life

Are there any other important people (Siblings, **extended family**, caregivers, etc.) in your child's life?

Any **pets**? (Please give names!):

What **languages** are spoken in the home and who speaks them?

With what language is your child most comfortable?

What holidays do you celebrate?

Does your child eat on his/her own? Feed him/herself? Eat with your family or caregiver?

Does your child drink from a cup sippy cup bottle?

What food/snacks does he/she like?

Does your child usually **nap**? _____ When & for how long? _____

Is your child **toilet trained**? _____
Does he/ she need to be reminded to go to the bathroom? _____
What are your child's words for bathroom functions?

How do you **discipline** your child? How does he/ she react?

Is there any significant situation going on at home or in the past years (such as the birth of a new child, divorce, death, etc.) that you would like us to know about?

Out of the Home

How does your child **react to new situations/transitions/being dropped off or left?**

How do you say goodbye to your child?

Are there any **separation techniques** that you have found to work well you're your child?

General Child Information

What do you see as your child's **strengths?**

Weaknesses? (please answer – everyone's working on something)

Does he/ she have a **transitional object** (a blanket, a stuffed animal, a "lovey") and does it go with them?

What are some of your **child's interests**, places he/she likes to go, things he/she likes to play with?

Does your child have any **special fears?**

School Life

Has your child previously attended classes or school? If yes, share where and his/her experience.

Does your child feel most comfortable in a large group a small group prefers to play alone?

Who will consistently be dropping off/picking your child up? What is the best time/method for contacting this person?

Do you have any concerns about your child's development?

Has your child ever been evaluated? If yes, please specify the outcome. Has your child ever or is he/she presently receiving any type of **educational support services** (i.e. PT, OT, early intervention, speech therapy, SEIT)? If yes, please specify:

What are your hopes/expectations for your child through this program?

AUTHORIZED PICK UP LIST
(OTHER THAN PARENTS)

	NAME	RELATIONSHIP	PHONE/CELL #
1.	_____	_____	(____) _____ - _____
2.	_____	_____	(____) _____ - _____
3.	_____	_____	(____) _____ - _____