

First Church of the Nazarene

Kiddie Kollege

Registration Information

Child's Name (legal name)	Nickname
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Address

City	Zip Code	Home Phone	Cell Phone
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Birthdate (month/Day/Year)	Child's Sex
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Family Information

Marital status of parents _____

Father's Name	Occupation
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Work Address	Hours worked	Phone
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Mother's Name	Occupation
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Work Address	Hours worked	Phone
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If legal guardian, name _____

Brothers/Sisters

Name Sex Birthdate

Name Sex Birthdate

Name Sex Birthdate

Is a new baby due? _____ If yes, when? _____

Are there other adults living in your home? _____ If yes, who? _____

Parent's affiliation: _____

Does your child attend church or Sunday School? _____ If yes, where? _____

Medical Information

Family physician Address Phone

Does your child have any known allergies? _____ If so, what? _____

Does your child have any special physical and/or emotional needs? _____ if yes, please explain. _____

Explain any concerns about your child in the following areas:

Vision _____

Hearing _____

Speech _____

Motor Development _____

Health _____

Getting to know your child

To assist Kiddie Kollege staff in understanding your child, please complete the following questions. Your responses will be held in confidence.

What are some of the ways in which your child plays at home? _____

Does your child play with children from other families? { }yes { }no

Is the play friendly or are there disagreements? _____

Does your child usually get their own way with other children? _____

If not, how does your child react? _____

What are some of your child's favorite toys? _____

Does your child find it difficult to share? _____ If so with what? _____

How would you describe your child's attitude toward Childcare?

{ }Eager { }Undecided { }Reluctant { }Other _____

Is the entire family together for anytime during the day? _____ When? _____

What are meal times like? _____

What does your child usually eat for breakfast? _____ Lunch? _____

Dinner? _____ Snack? _____

What are your child's favorite foods and snacks? _____

Are there any food allergies? _____ if so what? _____

Does your child nap in the afternoon? _____ if so when? _____ How long? _____

What time does your child go to bed at night? _____ Do they have a hard time? _____

Which hand does your child color with? _____ Cut with? _____ Eat with? _____

Does your child have any regular responsibilities at home? _____ if so what? _____

Does your child have pets? _____ if so what? _____

Describe your child's personality: (likes, dislikes, special interests, etc.)

Potty Training

I am potty trained. { }yes { }no If yes, how long?_____

I am working on potting training. { }yes { }no

When I need to go potty, I will say, "_____"

Plans for potty training:_____
