

PELLA EARLY LEARNING CENTER

215 Main Street
Pella, Iowa 50219
641-628-4845
Fax: 641-628-4845

Your \$75 nonrefundable registration fee must accompany this completed packet in order to hold your spot and to process the paper work. Thank you!

INTAKE SHEET

Date _____

IDENTIFICATION INFORMATION

Child's Name _____ Sex _____

Child's Birthdate _____ Child's Start Date: _____

Cell Phone Number _____ Home Phone Number _____

Parent/Guardian _____ Workplace Phone _____

Home Address _____ City _____

Employment _____ City of Employment _____

Parent/Guardian _____ Workplace Phone _____

Home Address _____ City _____

Employment _____ City of Employment _____

FAMILY HISTORY

Marital Status of Parents Married _____ Divorced _____ Separated _____ Deceased _____ Other _____

Other Children in the Home: Name/Age _____

PHYSICAL

Does your child have any unusual eating problems or food dislikes? _____

What is your child's usual bed time? _____ Usual waking time? _____

What time(s) does your child nap and how long? _____

Is your child potty-trained? _____ How dependable is he/she? _____

Does your child have any physical problems of which we need to be aware? If yes, please explain. _____

PERSONALITY AND EMOTIONAL DEVELOPMENT

Does he/she accept new people/routines easily? _____ Does he/she get along with other children? _____

Does your child have any fears? If yes, please explain. _____

Please give us any additional information that you feel may be helpful to us _____