

Application supplemental Form

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_

Eating

1. Is your child on any special diet? Vegetarian, Vegan, Other \_\_\_\_\_
2. Does your child have any food allergies? \_\_\_\_\_ if yes, please describe \_\_\_\_\_
3. What does your child use for drinking? Bottle, sippy cup, regular cup, nursing, other \_\_\_\_\_
4. How often does your child eat? \_\_\_\_\_
5. Is your child self-feed at home? \_\_\_\_\_ If not who does the feeding? \_\_\_\_\_

Sleeping

1. Does your child nap? \_\_\_\_\_ How many times per day? \_\_\_\_\_ Napping time: \_\_\_\_\_
2. Does your child sleep with a special blanket, toy, "lovey" or pacifier? \_\_\_\_\_
3. Any specific nap time routines at home? \_\_\_\_\_
4. Where does your child sleep at home? \_\_\_\_\_

Toileting

1. Does your child use diapers? Yes, No
2. Is your child in the process of potty training? If yes can you describe the method used at home? \_\_\_\_\_
3. Are your child use a potty or the toilet? \_\_\_\_\_
4. What signals your child use to let you know that it is time "to go"? \_\_\_\_\_

Fine motor/Gross motor skills

1. Any handicap or problems which might require special services? If yes, please explain \_\_\_\_\_
2. Does your child know how to put on their shoes, jackets, use a crayon to color? (Please circle)

Hearing and Vision

1. Any concerns about your child's hearing and vision? \_\_\_\_\_  
If yes, please describe \_\_\_\_\_

Language development

1. Does your child understand Mandarin \_\_\_\_\_
2. Does your child speak Mandarin? \_\_\_\_\_
3. What is your child's primary spoken language at home?  
\_\_\_\_\_
4. Are there other languages being speak to your child? \_\_\_\_\_

5. How does your child respond to you? Words, phrases, sentences, body language

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Social and emotional development

1. Please list all previous and current child care experience with dates

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If your child have attended any day care, please provide contact and phone number.

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2. Is your child comfortable in a group situation? \_\_\_\_\_
3. How long can your child focus and sit still in a group activity? \_\_\_\_\_
4. How long can your child focus and complete an activity by herself/himself? \_\_\_\_\_
5. How would you describe your child's temperament and personality? \_\_\_\_\_
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6. What soothes your child? \_\_\_\_\_  
what frightens your child? \_\_\_\_\_
7. Does your child do better in large group setting or small group setting \_\_\_\_\_
8. Is your child tend to be the leader or follower? \_\_\_\_\_
9. Does your child like to play alone or with peers? \_\_\_\_\_

Family background

1. Who does your child live with? \_\_\_\_\_
2. Does your child have any siblings? \_\_\_\_\_
3. What is your parenting style/philosophy?

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4. What are your expectations or goals for your child at our school?

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5. What are your expectations for the school and staff?

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6. Is there anything about your family, extended family or child that you would like to share with us?

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