



2022



# CAMBRIDGE YMCA PRESCHOOL APPLICATION



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Roxanne Campbell  
P: 617-661-9622 ext. 707  
E: rcampbell@cambymca.org

### **CHILD INFORMATION**

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender (circle): Female Male Primary Language: \_\_\_\_\_  
Child's Home Address: \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION**

Parent/Guardian #1 Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Home Address (if different than above): \_\_\_\_\_  
Email Address: \_\_\_\_\_

### **DEVELOPMENTAL HISTORY**

#### ***Health Conditions***

Any known complications at birth: \_\_\_\_\_  
Serious illness and/or hospitalizations: \_\_\_\_\_  
Allergies (asthma, hay fever, insect bites, medicine, food): \_\_\_\_\_  
Regular medications: \_\_\_\_\_

#### ***Eating Habits***

Special characteristics or difficulties eating: \_\_\_\_\_

#### ***Toilet Habits***

Is your child toilet trained? \_\_\_ Yes \_\_\_ No If no, has toilet training begun? \_\_\_ Yes \_\_\_ No

Does your child indicate bathroom needs? (include special words) \_\_\_\_\_

#### ***Napping Habits***

Does your child become tired or nap during the day? (include how often and how long): \_\_\_\_\_

#### ***Social Relationships***

Is your child currently in childcare? \_\_\_ Yes \_\_\_ No \_\_\_ Other (please explain) \_\_\_\_\_

How would you describe your child? \_\_\_\_\_

Does your child socialize with other children? \_\_\_ Yes \_\_\_ No \_\_\_ We are working on it!

What is the method of behavior management/discipline at home? \_\_\_\_\_

What would you like your child to gain from this childcare experience? \_\_\_\_\_