



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Cambridge YMCA



Preschool Program



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Child Information

Child's Name: _____ Date of Birth: _____

Age: _____ Gender: _____ Primary Language: _____

Child's Home Address: _____

Did you apply to the Cambridge Preschool Program (CPP)? ____ Yes ____ No

Parent/Guardian Information

Parent/Guardian #1 Name: _____

Relationship to Child: _____ Phone Number: _____

Email : _____

Parent/Guardian #2 Name: _____

Relationship to Child: _____ Phone Number: _____

Email: _____

Do you currently have a voucher? ____ Yes ____ No

Developmental History

Health Conditions

Any known complications at birth: _____

Serious chronic illness/hospitalizations: _____

Allergies/Diet Restrictions: _____

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? ____ Yes ____ No

How often and how long does your child nap?: _____

Behavioral Development

How would you describe your child's behavior? _____

Has your child had any special services (IEP, EI, etc.)?: ____ Yes ____ No

If yes, is it current?: ____ Yes ____ No

If yes, please specify: _____

Do you have any developmental concerns for your child? _____

Social Relationships

Is your child currently in childcare? ____ Yes ____ No

If yes, where? _____

Tell us about your child (interests, hobbies, etc.) _____

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? _____