

**South-Western Preschool Center
Peer Model Application
2017 -2018 School Year**

Child's Name _____

Date of Birth _____ Male _____ Female _____

Parents: _____

Address: _____

Mom Home #: _____ Cell # _____ Work # _____

Dad Home #: _____ Cell # _____ Work # _____

Session Preference (indicate 1st and 2nd choice if applicable):

_____ AM (8:30 -11:00) _____ PM (12:30 – 3:00) _____ No Preference

Site Preference (indicate 1st, 2nd, 3rd choice if applicable):

_____ Preschool Center - 4324 Haughn Road, Grove City, OH 43123

_____ Bostic Center – 2975 Kingston Ave, Grove City, OH 43123

_____ Darby Woods - 255 Westwoods Blvd, Galloway, OH 43119

_____ Harmon – 1861 Gantz Road, Grove City, OH 43123

_____ Prairie Norton - 105 Norton Road, Columbus, OH 43228

_____ Stiles – 4700 Stiles Ave, Columbus, OH 43228

Ohio Department of Job and Family Services
FAMILY INFORMATION
FOR STEP UP TO QUALITY PROGRAMS (SUTQ)

By providing complete information about your child, you will be assisting staff in creating a positive experience for him / her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff who care for your child.

Child's Name (Last)	Child's Name (First)	Nickname (if any)

Who is in the child's family?	
Who lives at home with your child?	
What is the primary language spoken in your child's home?	
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No? Additional Details?	
Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet) <input type="checkbox"/> Yes <input type="checkbox"/> No? Additional Details?	
Are there any cultural or religious practices of your family of which we should be aware? (dietary restrictions, clothing, head coverings, etc.)	
Do you have any pets at home? If so, what are they and what are their names?	
Has your child had a previous care arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No? Additional Details? (center based, in home, with family, with parents, etc.)	
How often does your child drink during the day (milk, juice, water, etc.)?	
Does your child have any favorite foods?	

Does your child dislike any foods?

Are there any foods your child should not be fed? (Child Care Licensing requires a form be completed for children with food allergies and/or dietary restrictions)

Please circle all of the words that best describe your child's personality and behavior:

active, adventurous, affectionate, anxious, bossy, bright, busy, calm, cautious, cheerful, content, creative, curious, easily-angered, emotional, energetic, excitable, friendly, gives-in-easily, happy, hesitant, insecure, jealous, likes structure/routines, loud, loving, mellow, outgoing, prefers adult attention, quiet, sensitive, serious, shares-well, social, spontaneous, stubborn, tentative, other.

Are there additional personality and behavior characteristics that would be useful to know about your child?

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

Does your child use any special comfort or support items that help them go to sleep? If so, what?

What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?

Where does your child sit at the table? (high-chair, booster seat, etc.)

Is your child toilet trained? If not, have you started the toilet training process?

Please explain the process used.

Does your child need assistance when using the toilet? If so, how?

What words, gestures or signs does your child use if he/she needs to use the bathroom?

What time does your child normally go to bed at night and wake up in the morning?

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

Does your child have trouble sleeping? (Night terrors, trouble going to sleep, etc.)

What might you and/or your child be anxious about as he/she starts in this program?

What are you and/or your child excited about as he/she starts in this program?

What are your expectations of this program?

What other information would be helpful for the staff caring for your child to know?

Parent Signature:

Date: