



# ANNUAL ENROLLMENT QUESTIONNAIRE



**PLEASE ANSWER THE FOLLOWING QUESTIONS TO ASSIST US IN MEETING YOUR CHILD AND FAMILY'S NEEDS:**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. Was your child born premature?  Yes  No If **yes**, how many weeks early was child born? \_\_\_\_\_  
Was your child admitted to the NICU?  Yes  No
2. Is your child currently receiving any prescribed medication?  Yes  No  
For (diagnosis) \_\_\_\_\_  
Prescribed by \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Does medication need to be taken during school hours?  Yes  No  
Does this medication have any side effects?  Yes  No If yes, please describe: \_\_\_\_\_
3. Is your child allergic to any food or require a special diet? **(This does not include dislikes of certain foods)**  Yes  No  
If yes, which? \_\_\_\_\_ Reaction \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_
4. Does your child have any feeding problem or require any special adaptive equipment, including feeding utensils?  
 Yes  No **If yes, which** \_\_\_\_\_
5. Has your child ever tested positive for TB?  Yes  No  
If **yes**, has or is he/she now taking INH medication?  Yes  No  
Date of last X-ray \_\_\_\_\_ Result of X-Ray \_\_\_\_\_
6. Does your child have a clinically diagnosed disability or receive services for any of the following?  Yes  No  
 Speech/language therapy  Physical therapy  Occupational therapy  Behavior Therapy  
 Hearing impairment  Vision impairment  Dietitian services  
 Mental Health services (i.e.-Healthy Developmental Services, Rady's Children's KidStart, PCIT, ABA, JFS)
7. Does your child have an Individual Education Program (I.E.P.)?  Yes  No  
or Individual Family Service Plan (I.F.S.P.)?  Yes  No
8. Is your child/family currently receiving disability services from another agency? **(Regional, Alcott, etc.)**  Yes  No  
If **yes**, who and why? \_\_\_\_\_
9. Is the child you are enrolling in foster care or receiving services from Child Welfare Services (CWS)?  Yes  No  
If **yes**, provide CWS Worker's Name \_\_\_\_\_ Phone \_\_\_\_\_
10. Is your child/family currently receiving social services from any agency **(If yes, see options below)**?  Yes  No  
 WIC  Medi-Cal  SSI  TANF  SNAP/CalFresh  Other: \_\_\_\_\_
11. Are you or the child's other parent/guardian a member in the U.S. Military?  Yes  No  
If **yes**, are they currently deployed?  Yes  No
12. Is your family homeless, in transitional living, or do you have housing concerns?  Yes  No  
If **yes**, please explain: \_\_\_\_\_
13. Is your child entering Transitional Kindergarten/Kindergarten next school year?  Yes  No  
If **yes**, provide "Kindergarten Here I Come!" handout and initiate Kindergarten Transition Checklist

\_\_\_\_\_  
Parent Name (print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Name (print)

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Supervisor (print)

\_\_\_\_\_  
Site Supervisor Signature

\_\_\_\_\_  
Date