



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: _____

Parent Name (print)

Parent Signature

Date

Consent provided: Electronically

Verbal consent received on: Date: ____ / ____ / ____
(Pending receipt of written consent)

Staff Name (print)

Staff Signature

Date

Site Supervisor (print)

Site Supervisor Signature

Date