Casa dei Bambini
Toddler Program
Application Form

Please Print

Date of Application: _____

Section 1- General Information

Child's Name:_____ Gender: M/F
Date of Birth: _____
Place of Birth (country and city) _____
Child's Address: _____
_____
Child's PESEL Number: (Polish citizens only) _____
Child's Passport Number: (without Polish citizenship)_____

Mother's Information

Mother's Name: _____

Mother's Address:
- o   Same as child
- o   Other

_____

Employer: _____

Home Number: _____
Mobile Number: _____
Email address: _____

Father's Information

Father's Name: _____

Father's Address:
- o Same as child's
- o Other _____

Father's Employer _____

Home Number: _____
Mobile Number: _____
Email address: _____

Section 2- Child's Information

Does the child have siblings? Y/N
If yes, what are their names and ages? _____
What is the language spoken in the home? _____
What other languages does the child understand? _____

Section 3- Developmental History

At what age did the child walk at? _____
At what age did the child begin to talk? _____
Has the child started toilet training?   Y/N

Section 4- Daily Routines

What time does the child wake up? _____

What time does the child go to bed? _____

Does the child sleep during the day? Y/N   For how long? _____

Does the child sleep well? _____

What does the child usually eat and at what times?

Meal	What time?	What do they usually eat?
Breakfast		
Lunch		
Dinner		
snacks		

Any food dislikes? _____

Any eating problems? _____

Are bowel movements regular? Y/N

What is the usual time? _____

Is the child under special doctor's care? Y/N

If yes, What is the doctor's name? _____

Does the child take prescribed medications? Y/N

If yes, please describe. _____

Section 5- Parent's Evaluation

What is your evaluation on your child's heath?

_____

_____

Tell us about your child's personality? _____

_____

_____

Has the child had play group activities? Y/N

If yes, please describe. _____

_____

_____

What is the plan for your child when he/she is sick? _____

_____

_____

Thank you for taking the time to complete this form. It will give us a clear picture of your child and their daily life experiences. We will also be able to present a program designed with your child in mind.

_____   _____

Mother's Signature   Date

_____   _____

Father's Signature   Date