

Date of Application	Date of Enrollment/Re-enrollment
---------------------	----------------------------------

## Student Information Form

At The Kidz Garden, we would like to ensure healthy growth and development by providing your student and family with a high level of care and early education. To achieve this, we must respond properly to the needs of your student and family. Therefore, it is important for us to have certain information.

Please complete the form below.

Nickname	
DOB	
Tell us about your family's Ethnicity, Culture, Religion & Beliefs	
What is the Primary Language Spoken at Home	
Tell us about your student's Milestones/Growth & Development	
Does your student have any Special Health Conditions (including Allergies)? If so, tell us about them.	
Do you have any special instructions, restrictions or needs? If so, please explain.	
What is this student's previous early learning experience? Age/Program Type/Length of Time	
Explain this student's daily routine ( eating, napping, toileting, playing, socializing, etc.)	
What is your student's favorite (activity, foods, people, toys, etc)?	
What does your student dislike and/or fear?	
Is there any additional information that you'd like to share?	
Why did you choose The Kidz Garden for your student?	