STEP BY STEP EDU PLAY, INC.
PRESCHOOL, PRE-K & TRANSITIONAL KINDERGARTEN REGISTRATION

REGISTRATION
Today's Date

CHILD'S NAME: **LAST**	**FIRST**	**MIDDLE**	**Date of Birth**		
PARENT(S) OR LEGAL GUARDIAN NAME:			Relationship	Marital Status	Legal Rights
1.					
2.					
Address		City	State	Zip	

PARENT or Legal Guardian	**CONTACT INFO: #1**	**CONTACT #2**
Home Phone		
Cell		
Email		
Occupation		

FUNDING INFORMATION		
How were you referred to Step by Step?		
( ) Private Pay		
( ) Regional Center	Which center?	Service Coordinator:
( ) School District	District / contact details:	Date of IEP:

PRESCHOOL, PRE-KINDER & TRANSITIONAL KINDERGARTEN Classes

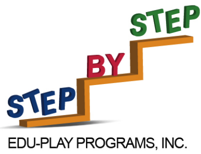
TEACHER:STUDENT RATIO 1:4 10-12 children per class max

We require a minimum of two (2) days per week for continuity. Age ranges are only approximations.
Class choice is also determined by your child's developmental level.

Class	Ages / Hours	Days	Fees
( ) **TIGERS** Pre-School	3 – 4 Years 8:30am – 12:30pm	**M T W T F**	**Class FEES:** $48. Per 4-hour class per day. Scholarships available.
( ) **LIONS** Pre-Kindergarten	4 – 5 Years 8:30am – 1:30	**M T W T F**	**Class FEES:** $60. Per 5-hour class per day.
( ) **GIRAFFES** Transitional Kindergarten	5 – 6 Years 8:30am – 2:30	**M T W T F**	**Class FEES:** $72. Per 6-hour class per day.

Please indicate the desired start date/months that you would like your child to attend: (ex: Sept. 2011-Aug. 2012)
Any dates will require Director approval.

Parent/ Guardian (Print) ______________ Signature ______________ Date ______________



STEP BY STEP EDU PLAY, INC.
FAMILY QUESTIONAIRRE
Early Childhood/Enrichment (8 years and under)

Today's Date
Completed by:

CHILD'S NAME: **LAST**	**FIRST**	**MIDDLE**	**DATE OF BIRTH**

ALLERGIES
Please List

FAMILY INFO: **Whom does your child live with?** Please briefly describe your child's family dynamics (siblings, extended family, blended family, pets) including your family's cultural background or ethnicity. Please indicate any cultural or family values you feel are important for our staff to know.

Who are your child's caregivers and what language(s) do they speak?

What individuals interact with your child on a regular basis (grandparents, nanny, neighbors, friends, cousins, children from other school programs or extra-curricular programs)?

Briefly describe your child (personality, strengths, temperament, likes and dislikes) plus any safety concerns or challenging behaviors:

HEALTH HISTORY:	Please list and describe:
PREGNANCY COMPLICATIONS **POST-NATAL EXPERIENCE**	
PAST OR PRESENT ILLNESSES **RELEVANT HEALTH HISTORY**	
FAMILY HISTORY OF LEARNING DISABILITIES or MENTAL HEALTH ISSUES (Please indicate on maternal or paternal side of family or both)	
MEDICATIONS **CURRENT/PAST**	
DIETARY RESTRICTIONS	
FOOD PREFERENCES	

IMMUNIZATIONS	Up to Date? Yes No	Please explain

Has your child ever experienced any of the following? Please indicate Yes/No and whether it existed in the past and if it is a current concern.	Yes/No	Past	Current		Yes/No	Past	Current
Bites others				Safety Concerns			
Difficulty Transitioning				Communication Concerns			
Problems with Discipline				Difficulty Following Directions			
Behavioral Concerns				Non-Compliance			
Has Tantrums				Destructiveness			
Difficulty Focusing				Cries for no apparent reason			

DEVELOPMENTAL:

Please describe your child's behavior in each of the following developmental areas.

SPEECH and LANGUAGE: How does our child communicate his/her wants and needs?

FINE MOTOR: How does your child handle small manipulatives, draw, write and use small muscles?

GROSS MOTOR: How is your child's overall coordination and balance?

How do they use their large muscles for climbing, running, kicking throwing and jumping?

SENSORY INTEGRATION: Is your child overly sensitive to touch, movements, sights and/or sounds (noises)?
How does your child react to different textures such as foam, sand, sticky substances, water, etc?

SELF HELP SKILLS: Please describe level of skill; mastered, emerging, etc. and areas of needed improvement.	
TOILETING	
INDEPENDENT FEEDING	
DRESSING	
HYGIENE	

SLEEPING PATTERNS:
Does your child nap? If yes, when and how long?
How does he/she indicate when they are tired?
Does your child sleep through the night?

SOCIAL EMOTIONAL:
Does your child display separation anxiety?
Has your child experienced separation from primary caregivers in another setting?

- Please complete this section if your child is 3 years or older - **If your child is under 3 years of age, please skip this block/section and proceed to next section entitled SENSORY INTEGRATION**
How does your child interact and relate to or engage with adults?
How does your child interact and relate to other children? (e.g. parallel play, cooperate, initiate and sustain?
How do they share, wait and take turns?
How do they express their feelings?
Do they display any separation anxiety?

PRE-ACADEMIC: **PRESCHOOL / PRE KINDERGARTEN / TRANSITIONAL KINDERGARTEN Only:**
Describe your child's experiences so far with learning:
Describe your child's stage of learning with regards to numbers, shapes and letters.
Does your child have any difficulties in focusing? Please describe their attention span in relation to preferred and non-preferred activities.
Does your child have any difficulties in transitioning from one topic to another –or- one task to another task?

DIAGNOSTIC: Please mark n/a if item does not apply.	
Has your child been identified with special needs or a diagnosis?	**YES** **NO**
If yes, then **WHEN?**	
FROM WHOM?	
LIST DIAGNOSIS OR SPECIAL NEED	
Is your child currently or has your child ever received any other professional services? **Occupational Therapy OT, Physical Therapy PT, Speech Therapy ST, Behavior Intervention BI**	**YES** **NO**

If **YES** **List Service**	**Service**	**Service**
When?	**When?**	**When?**
From Whom? Provider Info:	**From Whom?** Provider Info:	**From Whom?** Provider Info:
How Often?	**How Often?**	**How Often?**

Please list any other concerns you have about your child or anything else that would be important for Step by Step Teachers, Staff and Interventionists to know.