



Instructions: Please answer questions as candidly as possible regarding your child. All information will be treated confidentially.

Child's Name:		Nickname:			
Birthdate:	Age:	Sex: Male / Female			
Do you currently have children enrolled at CCCS? Yes / No					
Student lives with (please circle):	Both Parents	Mother	Father	Stepmother	Stepfather
	Guardian	Other			
City, State of Birth:			Place & Date of Baptism:		
Place & Date for 1st Communion:			Place & Date of Confirmation:		
Siblings (please list ages):					

Name of previous school:		Name of previous teacher:			
School District of Residence:					
Any difficulties in school? Yes / No		Please describe:			
Type of previous childcare:	Parents	Babysitter	Daycare	Preschool	Other

Languages spoken at home:

Please note, we will do a language screening for students who speak a language other than English. We do not have an English as a Second Language program/instructor at CCCS.

Does your child take any medications?	Yes	No	Please list:
Does your child have impaired vision?	Yes	No	Results/Recommendation:
Does your child have impaired hearing?	Yes	No	Results/Recommendation:
Has your child had ear infections?	Yes	No	Frequency:
Does your child have any allergies?	Yes	No	Type/Treatment:
Is your child potty trained?	Yes	No	***ALL STUDENTS ARE REQUIRED TO BE POTTY TRAINED PRIOR TO STARTING SCHOOL AT CCCS. PRESCHOOLERS ARE EXPECTED TO USE THE BATHROOM WITHOUT TEACHER ASSISTANCE.***

Is your child confident?	Yes	No	
Does your child express thoughts easily?	Yes	No	
Does your child adapt easily to new environments?	Yes	No	

Has your child received any of the following services:					
Department of Public Aid	Yes/Date:	No	Division Services Crippled	Yes/Date:	No
Easter Seals Foundation	Yes/Date:	No	Special Education	Yes/Date:	No
Department of Children and Family Services	Yes/Date:	No	Speech Therapy	Yes/Date:	No

Please comment on anything additional about your child that would be helpful for the school to know. (Changes within your family, difficulty separating from parents, difficulty with routine bathroom procedures, relocation, strong fears or dislikes, etc.)

Parent/Guardian Signature _____

Date _____