



Gulf Coast Center for Nonviolence, Inc.

P.O. Box 333

Biloxi, MS 39533

Office 228-436-3809 Fax 228-435-0513 Crisis Line 800-800-1396

Preschool Intake

Today's Date:

Parent/Legal Custodian Name:

Phone Number:

Child Legal Name:

Email Address:

Child DOB:

Child Age:

County you reside:

Living Arrangement if not living at a permanent address:

Plans for future living situation if not in a permanent living arrangement:

Do you have transportation? If not, what is your transportation plan?

Family History of Violence

The Gulf Coast Center for Nonviolence Therapeutic Preschool Program is for children who are victims of domestic violence, sexual assault, parent substance abuse, trafficking, or have experienced trauma related to those issues. Have you or your child experienced any of these in the past or present? Briefly explain.

(Any person named as the abuser is NOT allowed to know our location or pick up or drop off the child)

Abuser(s) Name(s):

Abuser's relationship to child:

Is there a custody order with this person or any other person?

If yes, a copy of that order is required with the Preschool Enrollment Application.

Growth and Developmental History

Does your child have any special needs or illnesses? If so, describe the needs and the treatments required for those needs.

Is your child on any special diet?

Is your child toilet-trained? Does he or she have any problems going to the bathroom alone? How old was your child when full toilet training occurred? Month and year, please.

Do you have any concerns about your child's development? What are they, if any?



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Behavioral History

Has your child been in childcare or preschool before? How was that experience for him/her?

Is your child comfortable in group situations?

How does your child play with other children? Does he or she share well with others? Does he or she make friends easily or with difficulty?

Is your child fearful of strangers or new situations?

Does your child cry frequently? What soothes your child when feeling any strong emotions?

Does your child nap? If so, for how long usually?

Does your child experience problems or upset while falling asleep or waking up? If so, please describe.

Does your child seem to have any problems paying attention to things? How long would you say his or her attention span lasts?

Does your child seem hyperactive?

Does your child give up easily when faced with a challenge?

How would you describe your child's temperament?

How does your child show anger? Has your child ever reacted to you with violence? Has he or she ever responded to other children with violence?

How does your child react when put into time-out? What discipline techniques do you use at home?



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Have you ever been concerned that your child would hurt himself/herself intentionally? Does he or she ever get into dangerous situations?

Do you have trouble getting your child to do what you ask?

Does your child run away from you or teachers when corrected?

Parent/Legal Guardian Signature: _____ Date: _____

Early Education Specialist Signature: _____ Date: _____

If intake is completed over the phone state that in the parent/legal guardian signature spot

EMPLOYEE USE ONLY:

Enrollment Appointment Date: _____ Denial Date: _____

Denial Reason:

