



CHAMPS ENROLLMENT FORM

General Information

Child's Name: _____

Parent's Name: _____

Legal Guardian's Name (if different than parent): _____

Date of Birth: _____

Gender: Male Female

Family Ethnic Background: African American/Black
Caucasian/White
Hispanic/Latino
American Indian/Alaskan Native
Asian/Pacific Islander
Other

Primary Language in the home: English Spanish Other _____

Home Address: _____

Home Phone Number: _____ Cell: _____

Email: _____

Medical Information

For any answers of "yes" please provide an explanation.

Were there any health or growth concerns during gestation Yes No

If yes, explain _____

Were there any labor and delivery complications? Yes No

If yes, explain _____

Was the child born premature? Yes No

If yes, how many weeks? _____

Current Pediatrician:

Where there ever ANY concerns expressed by your pediatrician regarding your child's growth and development? Yes ___ No ___

Current Health Insurance: (for referral purposes only)

Date of last visit: _____

Is your child currently taking ANY medications? Yes ___ No ___

If yes, what medications?

Does your child have any allergies? Yes ___ No ___

If yes, please specify _____

Has anyone in your family been diagnosed with any type of behavioral or developmental issue? Such as ADHD/Asperger's.

If yes, what diagnosis?

Household Information

How many family members live in your home? _____

Adults in home: _____

Children/Siblings in home: _____

Child's relationship to individuals living within home:

Parent marital status: Single ___ Divorced ___

Married/Living with Partner ___ Widowed ___ Separated ___

Who has legal custody? Mother ___ Father ___ Shared ___

Other _____

What is the average time your child wakes in the morning? _____

Describe your typical routine:

What type of family activities do you do together?

What are some of your child's favorite things to do?

What type of discipline do you currently use?

Child Care Information

Is your child attending childcare during the day? Yes ___ No ___
(If applicable)

Program's Name: _____

Program's Address: _____

Program's Phone Number: _____

Is the program: A Preschool or Center _____

In Home/Family Childcare _____

Other _____

How long has your child been in this program? _____

Is the child receiving a childcare subsidy? Yes ___ No ___

What time (on average) is your child picked-up from care? ___

Does the same person pick-up your child each day? Yes ___ No ___

Has the child been in any other childcare settings? Yes ___ No ___

If yes, please explain:

Concerns

What is the specific reason you requested services by the CHAMPS program?

What is the primary concern? _____

secondary concern: _____

Are you seeing challenging behaviors at home, school or both?

What specific skills/strategies are you interested in learning from the behavior specialist?

When did these behaviors first begin?

Have there been any significant changes in child's life? Yes ___ No ___
If yes, what and when?

Has the child ever been assessed by the Infant/Toddler or Child Find Program?
Yes ___ No ___ When: _____ IEP: Yes ___ No ___

Does the child have any diagnosis? Yes ___ No ___ What: _____

When was diagnosis made? _____

What are your child's strengths?

Caregiver Signature: _____ Date: _____

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