Enrollment Form

Date______________________

Child's age________________________________
Child's Birthday_________________________ Nickname_____________________

Address____
____
____

Contact Info:

Mom's name____
Dad's name____

(Mother)Home Phone______________________________________
(Mother)Work Phone______________________________________
(Mother's) Cell Phone______________________________________
(Father)Home Phone______________________________________
(Father)Work Phone______________________________________
(Father's) Cell Phone______________________________________

Emergency Contact Person__________________________________
Contact's phone____
Emergency Contact Person__________________________________
Contact's phone____

Do you have a backup care provider?____
_____

Service Info:
Beginning date needing care____
Hours: Monday____________________ Tuesday_____________________
Wednesday_______________________
Thursday_________________________ Friday_______________________
Saturday_________________________
Sunday____________________
Times you plan to drop your child off________

Times you plan to pick up your child_________

Your Child’s Health

CHILD'S HEALTH RECORD: (A copy of your child's immunizations will be needed)
General state of health:
____
____

Doctor’s name____
Doctor’s phone number____
Dentists’ name____
Dentists’ name ____
Are your child's immunizations up to date? _________ (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered medications.)
Does your child have any known allergies?
____
____

Are you concerned that your child may be prone to any type of allergies?___________
Describe:
____
____
____

Does your child have any medical conditions which I should be made aware of?
____
____
____

Has your child had the following common childhood illnesses?
.(*please circle*)

Does your child have any problems with any of these?	Has your child had any of these diseases?
Constipation	Asthma
Convulsions	Bronchitis
Diarrhea	Chicken Pox
Fainting Spells	Diabetes
Frequent Colds	Heart Disease
Frequent Ear Infections	Hepatitis

Frequent Sore Throats	Impetigo
Lice	Measles
Ringworm	Mumps
Skin Rash	German Measles
Soiling	Polio
Stomach Upsets	Scarlet Fever
Urinary Problem	Tuberculosis
Worms	Whooping Cough

Does your child have any speech, hearing or visual problems?
____

Would there be any restrictions to play or activities?
____
____

About Your Child

Has your child ever been in child care before?_________ What type (center, family daycare, grandma etc.)_____________
Was it a positive experience?____

Why are you looking for child care?____

How does your child feel about daycare and being left by his/her mommy/daddy?
____

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?
____

What is your normal method of discipline?____

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc.
____
____

Are there any food restrictions?____

What is your child's favorite food?
____
____

What food does your child dislike?
____
____

Can your child be relied upon to indicate bathroom wishes?
____
____

What words does your child use for: Bowel movements ___________
urination____________

What time does your child awaken?
____

What time does your child go to sleep at night?
____

Do they sleep through the night?
____

Does your child sleep in a bed or crib, other?
____

Are there any siblings? Please name them and specify ages and gender.
Name _______________________ age ___________________ gender ________________
Name ________________________ age ___________________ gender
____
Name ________________________ age ___________________ gender
____

Has your child had experience playing with other children?
____
____

____

What language(s) are spoken at home?
____

Does your child have any security objects such as a blanket, soother, bottle, toy etc. ?
____

____

What are your child's favorite activities, toys, books, or games?
____
___

Are there any other comments or information you would like to let me know about?
____
___
____
____
____

Any specific concerns?____
____
____
____
____