



Enrollment Form

Date _____

Child's Name

Child's Birthdate/Age

Child's Nickname

Child's Address

Contact Info:

Mom's Name

(Mother) Home Phone _____

(Mother) Work Phone _____

(Mother's) Cell Phone _____

Dad's Name

(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 Information:

Beginning date needing care

Hours:

Monday_____

Tuesday_____

Wednesday_____

Thursday_____

Friday_____

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 and current physical 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
Convulsions
Diarrhea
Fainting Spells
Frequent Colds
Frequent Ear Infections
Frequent Sore Throats
Lice
Ringworm
Skin Rash
Soiling
Stomach Upsets
Urinary Problem
Worms

Asthma
Bronchitis
Chicken Pox
Diabetes
Heart Disease
Hepatitis
Impetigo
Measles
Mumps
German Measles
Polio
Scarlet Fever
Tuberculosis
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?
