



Enrollment Form

Date: _____

Child's Name: _____

Last

Middle

First

Child's age _____

Child's Birthday _____ Nickname _____
MM Day Year

Address:

Street City State Zip Code

Contact Info:

Mother's name _____
Last Middle First

(Mother's) Home Phone _____

(Mother's) Work Phone _____

(Mother's) Cell Phone _____

Email: _____

Father's name _____
Last Middle First

(Father's) Home Phone _____

(Father's) Work Phone _____

(Father's) Cell Phone _____

Email: _____

The child may be released to the person(s) signing this agreement or to the following:

Name _____ Phone: _____

Address: _____

Relationship to the child: _____

Other identifying information (if any): _____

Name _____ Phone: _____

Address: _____

Relationship to the child: _____

Other identifying information (if any): _____

Person to contact in the case of an emergency when parent or guardian can't be reached:

Emergency Contact Person _____

Contact's phone _____

Emergency Contact Person _____

Contact's phone _____

Do you have a backup care provider? _____ Yes _____ No

Service Info:

Beginning date needing care? _____

What days will you need childcare?

Circle all that apply: Monday Tuesday Wednesday Thursday Friday

Time you plan to drop your child off _____

Time 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)

Are your child's immunizations up to date? _____

Doctor's name _____

Doctor's phone number _____

Dentists' name _____

Dentists' name _____

Does your child have any known allergies? _____ Yes _____ No

Are you concerned that your child may be prone to any type of allergies? _____

Describe:

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

Has your child had the following common childhood illnesses?

.(please circle)

- | | |
|---|---|
| • Does your child have any problems with? | • 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? Yes _____ No _____

Special Needs/Accommodations:

Does your child have an Individual Education Plan (IEP) or Individual Family Service Plan (IFSP)?

IEP: Yes _____ No _____ **IFSP:** Yes _____ No _____

If yes, will you provide a copy to the program? Yes _____ No _____

****NOTE**** - These documents provide guidance on ways we can work with your family and providers to support your child’s development and learning.

About Your Child

Has your child ever been in childcare before? _____

What type (center, family daycare, grandma etc) _____

Was it a positive experience?

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, slow to warm up, 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? Yes _____ No _____

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 be any restrictions to play or activities?

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

Any specific concerns?
