



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 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?

- Constipation
- Convulsions
- Diarrhea
- Fainting Spells
- Frequent Colds
- Frequent Ear Infections
- Frequent Sore Throats
- Lice
- Ringworm
- Skin Rash

Has your child had any of these diseases?

- Asthma
- Bronchitis
- Chicken Pox
- Diabetes
- Heart Disease
- Hepatitis
- Impetigo
- Measles
- Mumps
- German Measles



Soiling
Stomach Upsets
Urinary Problem
Worms

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?

