



ENROLLMENT FORM

Date: _____

Child's Full Name: _____

Age: _____

Birthday: _____

CONTACT INFORMATION

Parent/Guardian Name: _____

Home Phone: _____ Cell: _____ Work: _____

Home Address: _____

Work Address: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell: _____ Work: _____

Home Address: _____

Work Address: _____

Emergency Contact: _____

Relationship to Child: _____

Phone: _____ Alternate: _____

List of people who can pick up your child (including yourself):

Name	Relationship	Phone
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Notes: _____

YOUR CHILD'S HEALTH

A copy of your child's immunization record is required before beginning care.

Physician's Name: _____

Phone: _____ Address: _____

General state of health: _____

Dentist's Name: _____ Phone: _____

Are your child's immunizations up to date? _____

Please attach a copy of immunization record (this should include the signature of the nurse or doctor who administered immunizations).

Does your child have any known allergies (other than food allergies)? If yes, please describe: _____

Are you concerned that your child may be prone to any type of allergies? If so please describe: _____

Does your child have any medical conditions which we should be made aware of? If yes, please describe: _____

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

- | | |
|-------------------------|----------------|
| 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? If yes, please describe:

Are there 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 easygoing, hard to please, demanding, aggressive, etc.

Are there any food restrictions?

What are your child's favorite foods?

What foods does your child dislike?

Can your child be relied upon to indicate bathroom wishes?

What time does your child wake up in the morning? _____

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

Do they sleep through the night? _____

Where does your child sleep (bed, crib, other)? _____

What are your nap time preferences for the child care centre?

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 us know about?

Do you have any specific concerns?

SERVICE INFORMATION

Beginning date for care: _____

Hours:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Approximate time you plan to drop off your child: _____

Approximate time you plan to pick up your child: _____