



Enrollment Form

This box for staff use only

Enrollment Date:
Disenrollment Date:

Child Information

Child's Full Name:	Birthdate:	Nickname if preferred:
Child's Full Name:	Birthdate:	Nickname if preferred:
Street Address:		
City, State, Zip		Preferred Phone Number:
Mailing Address if Different:		
Child Lives With:		

Childcare Schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Drop-off Time:							
Pick-Up Time:							

Guardian Contact Info.

Guardian Name:	
Street Address (if different than child):	
City, State, Zip	
Primary Phone:	Secondary Phone:
E-mail:	
Workplace:	
Work Phone:	Extension:

Guardian Name:	
Street Address (if different than child):	
City, State, Zip	
Primary Phone:	Secondary Phone:
E-mail:	
Workplace:	
Work Phone:	Extension:

Emergency Contact Info.

****Please include at least 2 contacts that do not live with the child****

Contact Person 1:	
Relationship to Child:	
What does you child call this person?	
Primary Phone:	Secondary Phone:
Address:	

Contact Person 2:	
Relationship to Child:	
What does you child call this person?	
Primary Phone:	Secondary Phone:
Address:	

Contact Person 3:	
Relationship to Child:	
What does you child call this person?	
Primary Phone:	Secondary Phone:
Address:	

Contact Person 4:	
Relationship to Child:	
What does you child call this person?	
Primary Phone:	Secondary Phone:
Address:	

The above listed people are authorized to pick-up my child from care and may be contacted in case of emergency or illness if I can not be reached.

Guardian Signature: _____

Additional People Authorized to Pick Up

Name:
Relationship:
Phone:

Name:
Relationship:
Phone:

Back Up Care Provider

Name:	Primary Phone:	Secondary Phone:
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Persons Specifically NOT Authorized to Pick Up

****Our program must have a copy of the legal custody agreement or protection order on file to withhold a child from a parent or legal guardian****

Name:
Relationship to Child:
What does you child call this person?
Notes:

Name:
Relationship to Child:
What does you child call this person?
Notes:

Consent for Medical Care and Treatment

I give consent for the licensed provider or qualified staff to administer first aid to my child/children.

Guardian Signature: _____

If I cannot be contacted in the event of an emergency, I authorize and consent to any emergency medical care, treatment, or procedure to be to be preformed for my child by a licensed physician, health care provider, or EMT as they deem necessary to safeguard my child's health. I wave my right to informed consent for such treatments. I also give permission for my child to be transported by ambulance to an emergency center for treatment.

Guardian Signature: _____

Child's Medical Coverage

Primary Insurance Company Name:	Policy Number:
Policy Holder's Name:	Employer/Group Name:

Secondary Insurance Company Name:	Policy Number:
Policy Holder's Name:	Employer/Group Name:

Child's Medical Care Providers

Primary Care Doctor:	Phone:
Name of Practice:	Fax:

Dentist:	Phone:
Name of Practice:	Fax:

Child's Health Info.

**** A copy of your child's immunization record and most recent physical/ Statement of Health may also be required ****

How is your child's health generally? _____

Are your child's immunizations up to date? Yes No Exempt

Does your child have any known allergies? _____

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

Is your child on any medications that we should know about? _____

Does your child have any physical disabilities? _____

Does your child have any issues with their speech, vision, or hearing? _____

Does your child have any issues with their motor skills, balance, or coordination? _____

Does your child have any learning disabilities or issues regarding their cognitive, social, or emotional development? _____

Do you have any other concerns about your child's physical, cognitive, or emotional development? _____

About Your Child

Has your child be in childcare before? If so what type? (*family childcare, childcare center, grandma, etc...*) _____

How does your child feel about school/ daycare and being away from you? _____

What experiences has your child had in groups of children? _____

What is your child's temperament generally like? (*are they shy, easy going, easily upset, etc...*) _____

What is your normal method of discipline at home? _____

How does your child handle disappointment or frustration? _____

Does your child usually nap? At what time? _____

Does your child have a security objects such as a blanket, doll, or pacifier? _____

Are there any food restrictions for your child? _____

What are your child's favorite foods? _____

What foods does your child dislike? _____

Is your child potty trained? (*Goes most days without an accident*) _____

How does your child let you know they need to use the bathroom? _____

What word does your child use for: Bowel movements: _____ Urination: _____

What languages are spoken at home? _____

What are your child's favorite toys, activities, or games? _____

What else would you like me to know about your child or family? _____
