

**\*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:	Guardian Name:
Street Address (if different than child):	Street Address (if different than child):
City, State, Zip	City, State, Zip
Primary Phone:	Secondary Phone:
E-mail:	E-mail:
Workplace:	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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_