



## Enrollment Application

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Application Date: \_\_\_\_\_

### Child's Identifying Information:

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Skin Color \_\_\_\_\_  
Identifying Marks: \_\_\_\_\_  
Allergies/Special Diets: \_\_\_\_\_  
\_\_\_\_\_

Child's Address: \_\_\_\_\_ Town: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
Home Telephone # \_\_\_\_\_ with who do they reside with? \_\_\_\_\_

Who should we call first? \_\_\_\_\_

**Mother's (or Guardian's) Name:** \_\_\_\_\_  
Address if different than child: \_\_\_\_\_  
Home phone number if different than child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**Father's (or Guardian's) Name:** \_\_\_\_\_  
Address if different than child: \_\_\_\_\_  
Home Phone Number if different than child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

### Child's Physician

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_



**Persons to be called in case of emergency and allowed to pick up the child:**

If we are unable to reach either of the parents these person can be called and are authorized to pick up the child. These individuals should be someone that usually knows your whereabouts. **Please list in order to be contacted.** This section of the form is valid for one year from the date of the application, on the renewal date Child Release-Authorized Persons Other Than Parent will need to be complete.

Name: _____	Relationship: _____	Telephone #: _____
Address: _____		Cell Phone #: _____
Name: _____	Relationship: _____	Telephone #: _____
Address: _____		Cell Phone #: _____
Name: _____	Relationship: _____	Telephone #: _____
Address: _____		Cell Phone #: _____

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Development History:

Age Began sitting? \_\_\_\_\_ Crawling? \_\_\_\_\_ Walking? \_\_\_\_\_ Talking? \_\_\_\_\_

Any speech difficulties? \_\_\_\_\_

Special words to describe needs? \_\_\_\_\_

Language spoken at home? \_\_\_\_\_ Any history of colic? \_\_\_\_\_

### **Eating Habits:**

Special characteristics or difficulties: \_\_\_\_\_

Is your child on a special formula, describe its preparation in detail:

\_\_\_\_\_  
\_\_\_\_\_

### **Toilet Habits:**

Is your child potty trained? Yes No If No complete below

Has toilet training been attempted? \_\_\_\_\_ Please describe any particular procedure to be used for your child at the center: \_\_\_\_\_

What is used at home? Potty Chair? \_\_\_\_\_ Special Seat? \_\_\_\_\_ Toilet? \_\_\_\_\_

How does the child indicate bathroom needs?: \_\_\_\_\_

Is the child ever reluctant to use bathroom? \_\_\_\_\_

Does the child have accidents? \_\_\_\_\_

### **Sleep Habits:**

Does your child sleep in a crib? \_\_\_\_\_ Bed? \_\_\_\_\_ With you? \_\_\_\_\_

When does your child usually nap? \_\_\_\_\_

When does your child go to bed at night? \_\_\_\_\_

Describe any special characteristics or needs (stuffed animals, mood on waking etc :)

\_\_\_\_\_  
\_\_\_\_\_

### **Social Relationships:**

How would you describe your child: \_\_\_\_\_

Has your child attended a previous day care? \_\_\_\_\_

Reaction to strangers: \_\_\_\_\_

Favorite toys and activities: \_\_\_\_\_

Fears: \_\_\_\_\_



How do you comfort your child?: \_\_\_\_\_

What is the method of behavior management/discipline at home? \_\_\_\_\_

What would you like your child to gain from this child care experience? \_\_\_\_\_

Has your child received and/or is currently receiving services from another agency?    Yes    No

If yes, Agency Name: \_\_\_\_\_

Is there anything else we should know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date