Enrollment Form

Child's Information

Child's Name		Date of Birth	Nickname (if any)
Child Lives with (Please circle one)	Mother Father Both Parents Guardian	Enrollment Date	

Parent/Guardian Information

Father's/Guardian Name		Mother/Guardian Name	
Address:		Address:	
City/State/Zip		City/State/Zip	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Email:		Email:	

Daycare Needed (Circle One):

Weekly (4 or 5 Days) 3 Days/per week

School Age (Before and After School)

School Age (After School Only)

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Child's Health Information

Does your child receive therapy services? _____

Does your child have a developmental or behavioral plan? _____

☐ Individual Family Service Plan (I.F.S.P.)

☐ Individual Education Plan (I.E.P)

☐ Private Therapy Plan

☐ Behavioral Plan

Please provide copy of development or behavioral plan.

Does your child have any speech, hearing or visual concerns?

_____

Are there be any restrictions to play or activities that we should be sensitive to?

_____

About Your Child

Has your child ever been in child care before? _____ Type of Childcare: _____

Why are you looking for childcare?

_____

Are there any recent traumatic situations your child has been exposed to such as a death in the family, divorce, new sibling etc. that we should be aware of?

_____

What is your method of discipline?

_____

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc.

_____

_____

Are there any food restrictions or allergies we should be aware of?

_____

Is your child Potty Trained?_____

What time does your child awaken in the morning?_____

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

Does your child sleep through the night?

_____

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?

_____

Family Information

Are there any siblings? Please name them and specify ages and gender.

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

What language(s) is spoken at home?

_____

Are there any other comments or information you would like to let our staff know about?

_____

_____

_____

_____

_____

Print Name: _____

Parent's Signature: _____ Date:_____