



## Enrollment Form

### Child's Information

Child's Name		Date of Birth	Nickname (if any)
Child Lives with (Please circle one)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> 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):  <input type="checkbox"/> Weekly (4 or 5 Days) <input type="checkbox"/> 3 Days/per week  <input type="checkbox"/> School Age (Before and After School)  <input type="checkbox"/> School Age (After School Only)		<b>Day</b>	<b>From</b>	<b>To</b>
		Monday		
		Tuesday		
		Wednesday		
		Thursday		
		Friday		

### Child's Health Information

Does your child receive therapy services? \_\_\_\_\_

Does your child have a developmental or behavioral plan? \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Individual Family Service Plan (I.F.S.P.) | <input type="checkbox"/> Individual Education Plan (I.E.P) |
| <input type="checkbox"/> Private Therapy Plan                      | <input type="checkbox"/> Behavioral Plan                   |

**Please provide copy of development or behavioral plan.**

**Yellow Brick Road Preschools, Inc.**

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

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

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### **About Your Child**

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

Why are you looking for childcare?

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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?

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What is your method of discipline?

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

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

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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?

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Does your child have any security objects such as a blanket, soother, bottle, toy etc.?

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

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## 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: \_\_\_\_\_