



Enrollment Application

Child's Name: _____
(First) (Middle) (Last)

Nickname: _____ Gender: _____ Male _____ Female

Birth date: _____ Age: _____ Toilet Trained: Yes No

Home Phone: _____ Alternate Phone: _____

Address: _____
(Street)

_____ (City) (State) (Zip)

Father's Name: _____ Cell Number: _____

Employer: _____ Work Number: _____

Email: _____

Mother's Name: _____ Cell Number: _____

Employer: _____ Work Number: _____

Email: _____

Are Parents:

Married _____

Separated _____

Legally Divorced _____

Single Parent _____



If divorced, who has legal custody? _____

Days and Time Child needs Care:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

About Your Child

Has your child ever been in child care before? _____ What type (center, family daycare, grandma etc.) _____

Was it a positive experience? _____

Why are you looking for child care? _____

How does your child feel about daycare and being left by his/her mommy/daddy? _____

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.? _____

What is your normal method of discipline? _____

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



MAKING LEARNING FUN 

Allergies: Yes No If yes, please list: _____

Are there any food restrictions? _____

What is your child's favorite food? _____

What food does your child dislike? _____

Can your child be relied upon to indicate bathroom wishes? _____

What words does your child use for:

Bowel movements _____ urination _____

What time does your child awaken?

What time does your child go to sleep at night?

Do they sleep through the night?

Does your child sleep in a bed or crib, other?

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

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Has your child had experience playing with other children?

What language(s) are spoken at home?



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?

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

Any specific concerns? _____

Emergency Contact		
Name	Phone	Relationship

*Only persons listed on this form will be authorized to pick up your child in the event of an emergency.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____