



Conway Children's Castle

Enrollment Form 2018-2019

Date _____

Child's Name: _____ Child's age _____
Child's Birthday _____ Nickname _____

Address _____

Contact Info:

Mom's name _____
Dad's name _____

(Mother)Home Phone _____
(Mother)Work Phone _____
(Mother's) Cell Phone _____
(Father)Home Phone _____
(Father)Work Phone _____
(Father's) Cell Phone _____

Emergency Contact Person _____
Contact's phone _____
Emergency Contact Person _____
Contact's phone _____

Do you have a backup care provider? _____

Service Info:

Beginning date needing care _____
Hours: Monday _____ Tuesday _____
Wednesday _____ Thursday _____
Friday _____

Times you plan to drop your child off _____
Times you plan to pick up your child _____

Your Child's Health

CHILD'S HEALTH RECORD: (A copy of your child's immunizations and current physical will be needed)

General state of health:

Doctor's name _____

Doctor's phone number _____

Dentists' name _____

Are your child's immunizations up to date? _____ (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered medications.)

Does your child have any known allergies?

Are you concerned that your child may be prone to any type of allergies? _____

Describe:

Does your child have any medical conditions which I should be made aware of?

Has your child had the following common childhood illnesses?

.(please circle)

Does your child have any problems with any of these?

Constipation
Convulsions
Diarrhea
Fainting Spells
Frequent Colds
Frequent Ear Infections
Frequent Sore Throats
Lice
Ringworm
Skin Rash
Soiling
Stomach Upsets
Urinary Problem
Worms

Has your child had any of these diseases?

Asthma
Bronchitis
Chicken Pox
Diabetes
Heart Disease
Hepatitis
Impetigo
Measles
Mumps
German Measles
Polio
Scarlet Fever
Tuberculosis
Whooping Cough

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

Would there be any restrictions to play or activities?

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.

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?