

Enrollment Application Form

Child's Name	
Child's Birthday	
Child's Age	

Current Address: _____

Parent/Guardian Information

Parent/Guardian's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian Information

Parent/Guardian Home Phone:
Parent/Guardian Work Phone:
Parent/Guardian Cell Phone:

Parent/Guardian Information

Parent/Guardian Home Phone:
Parent/Guardian Work Phone:
Parent/Guardian Cell Phone:

Emergency Contact Information

Emergency Contact Person:
Contact's Phone:
Emergency Contact Person:
Contact's Phone:

Physician Contact Information

Physician Name:
Physician Phone:
Preferred Hospital

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Enrollment Schedule

Start Date: _____

Hours:

DAY	START TIME	END TIME
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Estimated time of drop-off:

Estimated time of pickup:

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About Your Child

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

Was it a positive experience?

Why are you looking for childcare?

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?

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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
Name	Age	Gender

Has your child had experience playing with other children?

What language(s) are spoken at home?

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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 comments, tips or advice you can give us to help your child transition into the school's environment?

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



Parent/Guardian Signature

Date

Parent/Guardian Signature

Date