

Motahkomikuk Daycare Center: Enrollment Packet

Child's age_____

Child's Birthday_____ Name_____

Address_____

Contact Info:

Mom's name_____

Dad's name_____

Email address _____ (Primary contact person)

Mother's Employer:_____ . Address_____

Phone Number_____ Email Address_____

Father's Employer_____ Address_____

Phone Number_____ Email Address_____

(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? No Yes (If yes please provide name and contact.)

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 a current physical will be required)

General state of health:

Doctor's name _____

Doctor's phone number _____

Dentist's name _____

Dentist's number _____

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

Does your child have any known allergies?

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

Describe:

Does your child have any medical conditions we should be aware of?

Has your child had the following common childhood illnesses?

.(please check)

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 on play or activities?

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 easygoing, hard to please, demanding, aggressive, etc.?

Are there any food restrictions?

What is your child's favorite food/s?

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?

Does your child nap? If so, how long?

Does your child sleep in a bed, crib, or something else?

Are there any siblings? Please name them and specify their 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, soothe, bottle, toy, etc.?

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

Are there any other comments or information you would like us to know?

Are there any specific concerns?

Signature: _____

Date: _____