



Mrs. Tuesday's
Cottage School

Enrollment Form

Welcome to Mrs. Tuesday's Cottage School! We can't wait to get to know you and your child. This Enrollment Form is intended to help us get to know and understand your child, and to make any special preparations or arrangements before their first day at daycare. Please complete it with as much detail as possible, and don't hesitate to get in touch if there's anything you'd like to discuss further!

Child Information

CHILD'S FULL NAME

NICKNAMES

CHILD'S GENDER

DATE OF BIRTH

Parent/Guardian Information

CHILD LIVES WITH

☐ PARENT 1 ☐ PARENT 2 ☐ BOTH ☐ OTHER

PARENT 1 NAME

PARENT 2 NAME

RELATIONSHIP TO CHILD

RELATIONSHIP TO CHILD

ADDRESS

ADDRESS

PHONE NUMBER

PHONE NUMBER

Emergency Contacts

EMERGENCY CONTACT NAME

PHONE NUMBER

ADDRESS

EMERGENCY CONTACT NAME

PHONE NUMBER

ADDRESS

EMERGENCY CONTACT NAME

PHONE NUMBER

ADDRESS

Family and Home Life

WHO LIVES IN THE CHILD'S HOME?

PLEASE LIST THE CHILD'S SIBLINGS BELOW.

NAME	AGE	LIVES WITH CHILD?
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

OTHER IMPORTANT FAMILY MEMBERS (GRANDPARENTS, PETS, ETC)

PLEASE DESCRIBE ANY IMPORTANT HOME LIFE DETAILS (LANGUAGES, CUSTOMS, ROUTINES, ETC)

History and Background

DOES YOUR CHILD HAVE ANY DISABILITIES, DELAYS, OR DIAGNOSES? (FOR EXAMPLE, GROSS MOTOR DELAY, ADHD, SPEECH DELAY, ETC).

HAS YOUR CHILD PREVIOUSLY ATTENDED ANY DAYCARE OR PRESCHOOL PROGRAMS?
IF YES, PLEASE PROVIDE THE NAME OF THE PROGRAM(S) AND ANY RELEVANT DETAILS.

HAS YOUR CHILD EVER BEEN TERMINATED FROM A DAYCARE FACILITY? PLEASE DESCRIBE.

DOES YOUR CHILD HAVE ANY PREVIOUS EXPERIENCE WITH GROUP ACTIVITIES (PLAYGROUPS, SPORTS, EXTRA CURRICULARS)?

HOW DOES YOUR CHILD TYPICALLY HANDLE NEW ENVIRONMENTS AND SOCIAL INTERACTIONS?

Getting to Know Your Child

PLEASE DESCRIBE YOUR CHILD'S PERSONALITY. ARE THEY OUTGOING, ENERGETIC, ETC?

WHAT IS YOUR CHILD'S DAILY ROUTINE?

WHAT ARE YOUR CHILD'S FAVORITE HOBBIES OR INTERESTS?

HOW WOULD YOU DESCRIBE YOUR CHILD'S COMMUNICATION STYLE (TALKATIVE, SHY, ETC)?

MEALTIME AND EATING HABITS

WHAT IS THE CHILD'S TYPICAL MEAL AND SNACK SCHEDULE? HOW MANY SNACKS/MEALS DO THEY HAVE PER DAY, AND WHEN ARE THEY SERVED?

ARE THERE ANY DIETARY PREFERENCES, RESTRICTIONS, OR SENSITIVITIES THAT WE SHOULD BE AWARE OF (VEGETARIAN, VEGAN, DAIRY-FREE, ETC)?

WHAT ARE YOUR CHILD'S FAVORITE FOODS? WHAT DO THEY DISLIKE?

SLEEP ROUTINES

WHAT IS THE CHILD'S TYPICAL NAP SCHEDULE AND DURATION? PLEASE PROVIDE APPROXIMATE TIMES AND LENGTH.

DOES YOUR CHILD HAVE COMFORT ITEMS THEY PREFER TO HAVE WITH THEM DURING SLEEP?

DOES YOUR CHILD HAVE A SPECIFIC SLEEP ROUTINE OR RITUALS BEFORE NAPTIME?

DIAPERING AND TOILETING

MY CHILD IS

☐

IN DIAPERS

☐

TOILET TRAINING

☐

TOILET TRAINED

DO YOU HAVE ANY SPECIFIC CONCERNS OR INSTRUCTIONS ABOUT DIAPER CHANGES?

IS YOUR CHILD CURRENTLY TOILET TRAINING? IF YES, PROVIDE DETAILS ABOUT PROGRESS AND APPROACHES THAT YOU ARE USING.

HOW OFTEN DOES YOUR CHILD USE THE TOILET DURING THE DAY? PLEASE SHARE ANY SPECIFIC PATTERNS OR SIGNS THAT MAY INDICATE THEY NEED TO USE THE TOILET.

HOW MUCH ASSISTANCE DOES YOUR CHILD NEED WHILE USING THE TOILET?

Medications and Health

DOES YOUR CHILD HAVE ANY KNOWN MEDICAL CONDITIONS OR CHRONIC ILLNESSES? IF YES, PLEASE PROVIDE DETAILS ABOUT THE CONDITIONS AND INSTRUCTIONS FOR CARE.

ARE THERE ANY ALLERGIES (FOOD OR ENVIRONMENTAL)? IF YES, PLEASE SPECIFY THE ALLERGEN AND THE CHILD'S REACTION.

IS THE CHILD CURRENTLY TAKING ANY MEDICATIONS? IF YES, PLEASE BRIEFLY DESCRIBE BELOW AND COMPLETE A MEDICATION FORM.

DOCTORS NAME

NAME OF PRACTICE

PRACTICE PHONE NUMBER

PRACTICE ADDRESS

Emotional Wellbeing

HOW DOES YOUR FAMILY HANDLE DIFFICULT BEHAVIORS?

DOES YOUR CHILD HAVE ANY SPECIFIC FEARS OR ANXITIES THAT WE SHOULD BE AWARE OF?

WHAT COMFORTS OR SOOTHES YOUR CHILD WHEN THEY'RE UPSET?

WHAT HELPS YOUR CHILD FEEL CALM AND REGULATED?

Comments and Details

Please share any additional comments, details, or information about your child here. Remember that the more we know about your child, the better we are able to care for them and the easier their transition to daycare will be. If you would rather discuss these with us, please get in touch to set up an appointment.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.