

# Puddle Jumpers Registration Form

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Best way to reach parents:

Phone 1: \_\_\_\_\_ Type: \_\_\_\_\_

Phone 2: \_\_\_\_\_ Type: \_\_\_\_\_

Phone 3: \_\_\_\_\_ Type: \_\_\_\_\_

Parents are:

\_\_\_\_\_ married

\_\_\_\_\_ separated

\_\_\_\_\_ divorced

\_\_\_\_\_ other (please explain) \_\_\_\_\_

Child Lives with:  Both parents  Father  Mother  Other: \_\_\_\_\_

**Pick-up Authorization:**

The people listed below have my authorization to pick up my child from the program. I will inform Puddle Jumpers Learning Center staff each time a special pick-up is necessary.

Name	Phone number	Relation to child
_____	_____	_____

_____	_____	_____
-------	-------	-------

These people are NOT allowed to pick up my child:

_____
_____

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Name of other children in household:**

**Name**

**Gender**

**Relationship to child**

---

---

---

---

**Name of other adults in household:**

**Name**

**Gender**

**Relationship to child**

---

---

**Child's previous childcare experience:**

---

---

---

**Special dietary or medical needs *(may need to provide documentation)*:**

---

---

---

**Special educational needs *(may need to provide documentation)*:**

---

---

# Child Personal Information

Child's Name: \_\_\_\_\_

Interests:

Favorite Toys: \_\_\_\_\_

Favorite Stories: \_\_\_\_\_

Favorite Games: \_\_\_\_\_

Favorite TV Shows: \_\_\_\_\_

Pets & their names: \_\_\_\_\_

Child usually goes to bed at \_\_\_\_\_ and gets up at \_\_\_\_\_.

Child  does or  does not take a nap. Time: \_\_\_\_\_ Length: \_\_\_\_\_

Eating Times:

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Supper: \_\_\_\_\_

Snacks: \_\_\_\_\_

Appetite:  good  poor  variable  Other: \_\_\_\_\_

Child helps at home by: \_\_\_\_\_

\_\_\_\_\_

## Personal Care Information

Eating/Habits/Schedule: \_\_\_\_\_

\_\_\_\_\_

Sleeping Habit/Schedule (Include how your child best goes down for a nap): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Toilet Habits/Schedule: \_\_\_\_\_

\_\_\_\_\_

Communication Skills: \_\_\_\_\_

\_\_\_\_\_

Effective methods for comforting your child: \_\_\_\_\_

\_\_\_\_\_