

# Enrollment Form

Enrollment Form Entry Date:\_\_\_\_\_ Exit Date:\_\_\_\_\_

Child's name:\_\_\_\_\_Age\_\_\_\_\_D.O.B.\_\_\_\_\_Sex:\_\_\_\_\_

Mothers name:\_\_\_\_\_cell phone\_\_\_\_\_

Fathers name:\_\_\_\_\_cell phone\_\_\_\_\_

Mothers Place of Employment:\_\_\_\_\_Work Phone:\_\_\_\_\_

Fathers Place of Employment:\_\_\_\_\_Work Pone:\_\_\_\_\_

Home Address\_\_\_\_\_Home Phone :\_\_\_\_\_

e-mail:\_\_\_\_\_

Child's

Doctor:\_\_\_\_\_Phone:\_\_\_\_\_Address:\_\_\_\_\_

Emergency Contacts/alternative pick-up:

Name:\_\_\_\_\_Phone:\_\_\_\_\_

Name:\_\_\_\_\_Phone:\_\_\_\_\_

Name:\_\_\_\_\_Phone:\_\_\_\_\_

Emergency Consent:

I,\_\_\_\_\_,do hereby give consent for Tasha to seek & authorize emergency medical or dental care for my child(ren), \_\_\_\_\_.

I understand that I will be responsible for all medical & dental bills ensuing from any such emergency.

Emergency info(allergies/medications/conditions)\_\_\_\_\_

I,\_\_\_\_\_,do hereby give consent for Tasha to; photograph and videotape my child and consent for her to use the photos online as well as in class.

I,\_\_\_\_\_,do hereby give consent for Tasha to transport by car or on foot my child named above.

Parent:\_\_\_\_\_Date:\_\_\_\_\_

Parent:\_\_\_\_\_Date:\_\_\_\_\_

Questionnaire:

- 1) By what name do you call your child? \_\_\_\_\_
- 2) What words does your child use regarding the bathroom? \_\_\_\_\_
- 3) Is your child self-sufficient in the bathroom... in which areas does he/she require assistance?  
\_\_\_\_\_
- 4) Has your child ever attended daycare or Preschool? \_\_\_\_\_
- 5) If so, where? \_\_\_\_\_
- 6) Was the experience enjoyable for him/her? \_\_\_\_\_
- 7) Does your child have any fears or anxieties? \_\_\_\_\_
- 8) Describe your child's skills or talents. \_\_\_\_\_
- 9) Please list your child's areas of interest. \_\_\_\_\_
- 10) Does your child have any allergies?  
\_\_\_\_\_
- 11) Are there any foods your child dislikes? \_\_\_\_\_
- 12) What are your child's favorite foods? \_\_\_\_\_
- 13) What are your child's strengths? \_\_\_\_\_
- 14) What goals do you have for your child? \_\_\_\_\_
- 15) Please describe a typical day with the children. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 16) Does your child have any recurrent medical problems? \_\_\_\_\_
- 17) Please describe your child's waking/sleeping habits. \_\_\_\_\_

18) My child is special because?\_\_\_\_\_

19)Do you have questions about areas of child development?\_\_\_\_\_

20)Do you have any concerns about your own child's development?\_\_\_\_\_

21)How do you rate your parenting skills?\_\_\_\_\_

22)As a parent, what do you do to relieve stress?\_\_\_\_\_

23)\_\_\_\_\_

24)\_\_\_\_\_

25)Please describe your child's waking/sleeping habits.\_\_\_\_\_

26)What are your feelings about men in childcare?\_\_\_\_\_

27)How do you redirect your child doing something/getting into something not allowed/hazardous?\_\_\_\_\_

28)Do you consider yourself 'firm' or 'flexible' in your child's discipline?\_\_\_\_\_

29)How do you deal with frustration with your child?\_\_\_\_\_

30) Do you have any comments, questions or suggestions?\_\_\_\_\_

31)Please list 3 references(i.e.business associate, former childcare provider)& include phone numbers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_