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# TIGER TOTS COMMUNITY CHILD CARE CENTER, INC.

613 West North Street  
Madrid, IA 50156  
(515) 795-3359

[tigertots@iowatelecom.net](mailto:tigertots@iowatelecom.net)

Dear Parent/Guardian,

This enrollment form is designed to help us get to know your child and the best way for us to work with him or her. Please take time to think about your answers to help make your child's transition to *Tiger Tots* as easy as possible. Thank you!

*Tiger Tots* Staff

Child's name: \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Street Address/PO Box \_\_\_\_\_

City-State-Zip Code \_\_\_\_\_

Mother/Guardian's name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Place of employment \_\_\_\_\_ Hours \_\_\_\_\_

Father/Guardian's name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Place of employment \_\_\_\_\_ Hours \_\_\_\_\_

Physician's name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Is your child: right-handed \_\_\_\_\_ left-handed \_\_\_\_\_ not established \_\_\_\_\_

Has your child had previous school or play-group experience? Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
Please list **any allergies**, including food, medication, animals, etc. and describe your child's reactions if exposed to them.

\_\_\_\_\_  
\_\_\_\_\_  
Asthma or hay fever reactions \_\_\_\_\_

Prescribed medications and reasons for \_\_\_\_\_

\_\_\_\_\_  
Reaction to an elevated temperature \_\_\_\_\_

Indications of not feeling well \_\_\_\_\_

Is child on a normal diet? Y \_\_\_ N \_\_\_ If not, please explain \_\_\_\_\_

\_\_\_\_\_  
Please circle anticipated meal participation: Breakfast A.M. snack  
Lunch P.M. snack

Does your child enjoy being alone? What does he or she like to do? \_\_\_\_\_

\_\_\_\_\_  
Does your child need a lot of adult attention? \_\_\_\_\_

Child's reaction when left by parent \_\_\_\_\_

Has child been separated from either parent for an extended period of time? Please explain. \_\_\_\_\_

How does your child accept new people? \_\_\_\_\_

Do you regard your child as affectionate? \_\_\_\_\_

Does your child have any fears? Please describe fears and how they are shown \_\_\_\_\_

Health insurance \_\_\_\_\_

Hospital name and phone \_\_\_\_\_

Dentist's name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contacts (if parents/guardians cannot be reached)

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Please list all persons, **including yourself and your spouse**, who are authorized to pick up your child. In case of a divorce or separation, *Tiger Tots* would need a court order to deny parental right to pick up a child.

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Please tell us about your family. Who is in your family? Does your child have siblings? Ages? Religious preference? Pets? Is there anything else we need to know to understand your child? Special requests or restrictions?

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Please tell us about your child. What languages does your child speak? Understand? Where was your child born? \_\_\_\_\_

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Does your child nap? Usual napping time? Is your child attached to a special blanket or toy? What? Please explain thoroughly. \_\_\_\_\_

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Nervous habits? How are they shown? \_\_\_\_\_

When is your child's usual bedtime? \_\_\_\_\_ Waking time? \_\_\_\_\_

**Additional information:** Any handicaps, limitations, hearing/vision problems, surgeries, serious illnesses, behavioral problems, etc. \_\_\_\_\_

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Regular days and hours child will be at center \_\_\_\_\_

**Please note:** Parents need to keep *Tiger Tots* informed of any changes in phone numbers, address, work hours, employment (including work phone), changes in health conditions of the child, family situations, etc.

\_\_\_\_\_  
Parent/Guardian's signature

\_\_\_\_\_  
Date