

Child Enrollment Form

Child's Name _____ Nickname _____

Date of Birth _____ Address _____

Days needed (please circle) Mon Tues Wed Thurs Fri

General Health:

Are your child's immunizations up to date? _____
(We must have a copy of the immunization record on a KY state form along with a physician's signature and an expiration date)

Does your child have any known allergies? _____ If yes, please list _____
_____.

Are you concerned your child may be prone to any type of allergies? _____ If yes, please explain _____.

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

Has your child had problems with any of the following? Please circle

Frequent ear infections	Frequent sore throat	Stomach upsets	Urinary problems
Constipation	Fainting spells	Asthma	Frequent colds
Diarrhea			

Does your child have any speech, hearing, or visual problems? _____
_____.

Would there be any restrictions to play or activities? _____
_____.

About your child:

Has your child ever been in child care before? _____ What type? _____

Was it a positive experience? _____

Why are you looking for child care? _____

How does your child feel about daycare? _____

Do you feel your child will adjust well to the child care setting? Why or why not? _____
_____.

What is your normal method of discipline at home? _____.

Describe your child's temperament _____

_____.

Are there any food restrictions? _____
_____.

What are your child's favorite foods? _____.

What foods does your child dislike? _____.

Can your child be relied upon to indicate bathroom wishes? _____.

What word does your child use for: bowel movements _____ urination _____

When does your child go to sleep at night and awaken in the morning? _____
_____.

Does your child sleep through the night? _____.

Does your child sleep in a bed or crib, or other? _____.

Does your child know any other children at the Center? _____.

Are there any siblings? Please name:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Has your child had any other experience playing with children? _____
_____.

Does your child have any security objects such as a blanket, pacifier, toy, etc? _____
_____.

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

Please describe a typical day for your child. _____

_____.

Are there any comments or information you feel we should know about? _____

_____.

Any specific concerns? _____

_____.