

CHILD'S ADMISSION FORM FOR ENROLLMENT IN A LICENSED CHILD CARE HOME

(Use a separate form for each child)

PARENTS: This information is required prior to enrollment of your child. Please assist your childcare provider by completing this form accurately.

CHILD INFORMATION:

Date Admitted _____ Birth Date _____

Child's Full Name _____

Address _____ Home Telephone _____

PARENT INFORMATION:

Parent's E-mail address _____

Parent/Guardian Full Name _____ Where Employed _____

Parent/Guardian Address (if different) _____

Work Site Address _____ Work Site Phone _____

Cell phone _____

Second Parent/Guardian Full Name _____

Where employed _____

Home Address (if different) _____

Work Site Address _____ Work Site Phone _____

Cell Phone _____

EMERGENCY CONTACTS:

If neither parent can be reached in case of an emergency, call:

(2 Local contacts please)

Name: _____ Phone: _____

Address: _____ Relationship _____

Name: _____ Phone: _____

Address: _____ Relationship _____

MEDICAL CONTACTS:

Name of Child's Physician: _____ Phone _____

Name of Child's Dentist: _____ Phone _____

ACKNOWLEDGEMENTS & PERMISSION STATEMENTS:

(Initial Below)

_____ I understand every effort will be made to contact me in case of emergency. I hereby authorize the registrant _____ (caregiver) to obtain emergency medical care for _____.
(Name of child)

_____ I authorize my child (_____) to participate in wading pool activities.

_____ I authorize my child (_____) to participate in swimming activities.

_____ I hereby authorize transportation to be provided. I acknowledge that _____ (registrant) has provided me with a general description detailing types, frequency, and sample destinations when children may be transported.

_____ I acknowledge that if religious activities are offered, I have been given a general description of these activities.

_____ I have been informed that tobacco use will/will not (circle one) occur in the home, but not in the presence of children.

_____ I acknowledge that the following have been explained:

*Daily schedule

*Typical activities

*Walking trips, if any

*Car trips, if any

*Substitute caregiver(s)

_____ I acknowledge receipt of Parents Hand Book.

Please provide any other information about your child, which would be helpful, such as anxiety, sleeping habits, fears, likes, dislikes, etc. _____

AUTHORIZED PICK UP:

List all individuals with phone numbers who are authorized to pick up your child:

Kidcare Day Care Family Licensed Child Care Infant Toddler Information Sheet

Please fill out if your child is between the ages of 6 weeks to 18 months.
Please indicate whether you would like us to provide meals for your infant: No _____
Yes _____.
Child's full name _____ Date _____.

What type of nutrition does your child take:

Breast feed _____ Details _____.

Bottle feed _____ Type of formula _____.

Foods _____ Type of food or brand _____.

Feeding schedule _____.

How much does your child eat / drink and want? _____

Does your child have any food allergies? _____

Please explain your child's typical sleep schedule and how long _____

Does your child like to be Rocked _____ a bottle in the crib _____ a pacifier _____

Does your child sleep on his/her Stomach _____ back _____ Side _____

Is your child experiencing any problems with food, diapers, teething, bladder, bowels, or colic? Yes _____ No _____ Explain _____

If your child becomes distressed or upset, what is an effective way to comfort him/her?

_____.

Is your child afraid of anything? Sight _____ Sound _____ animals _____?
Other _____.

Does your child have a favorite playtime activity or object? _____

Are there any other special needs of your child that we should be aware of?
Yes _____ No _____ Explain _____.

