

LITTLE DREAMERS CHILDCARE

Child Enrollment Form

CHILD'S INFORMATION									
Child's Last Name:		Child's First Name:		Nickname:					
D.O.B.:		Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Days Enrolling For:	Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/>				
Estimated Start Date:		Family Household Dynamics:	Adults _____ Children _____ Animals _____						
Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what: _____							
Medications	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what: _____							
Illness, Accident, or Diseases	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what: _____							
Physical or Mental Handicaps	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what: _____							
Experience in Childcare	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where: _____							
Comfort Toy or Item	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what: _____							
Does your Child Take Naps	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when _____ How long _____ What they sleep with _____							
Diapers <input type="checkbox"/> Potty Training <input type="checkbox"/> Potty Trained <input type="checkbox"/>		Additional Info (cream, toilet seat, pullups, etc) _____							
FAMILY INFORMATION									
Parent #1									
Parent #1 Last Name:		Parent #1 First Name:		Middle Initial					
Mailing Address:				Apartment/Unit #:					
City:		State:		ZIP:					
Phone:		E-mail Address:							
Occupation:				Work Number					
Parent #1 Relation to Child	Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandma <input type="checkbox"/> Grandpa <input type="checkbox"/> Step-mom <input type="checkbox"/> Step-dad <input type="checkbox"/> Other <input type="checkbox"/>								
Parent #2									
Parent #2 Last Name:		Parent #2 First Name:		Middle Initial					
Mailing Address:				Apartment/Unit #:					
City:		State:		ZIP:					
Phone:		E-mail Address:							
Occupation:				Work Number					
Parent #2 Relation to Child	Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandma <input type="checkbox"/> Grandpa <input type="checkbox"/> Step-mom <input type="checkbox"/> Step-dad <input type="checkbox"/> Other <input type="checkbox"/>								
<i>The guardian listed as parent #1 will be contacted first followed by the guardian listed as parent #2. Both guardians listed will be able to pick up unless advised otherwise.</i>									

EMERGENCY CONTACT

Contact #1 Last Name:		Contact #1 First Name:		Middle Initial	
Phone:		Is this person authorized to pick this child up?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Contact #1 Relation to Child	Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandma <input type="checkbox"/> Grandpa <input type="checkbox"/> Step-mom <input type="checkbox"/> Step-dad <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/>				
Contact #2 Last Name:		Contact #2 First Name:		Middle Initial	
Phone:		Is this person authorized to pick this child up?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Contact #2 Relation to Child	Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandma <input type="checkbox"/> Grandpa <input type="checkbox"/> Step-mom <input type="checkbox"/> Step-dad <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/>				

*Emergency contacts listed will only be contacted if the guardians listed above are unreachable unless advised otherwise.
Both emergency contacts must be filled out.*

ADDITIONAL AUTHORIZED PICK UP

Full Name		Phone:		Relation:	
Full Name		Phone:		Relation:	
Full Name		Phone:		Relation:	

*I give permission for my child to participate in all planned activities at Little Dreamers, including outdoor play and walks. I will be responsible for providing appropriate clothing. Yes No

*I give permission for Little Dreamers Staff to give my child a pacifier if need Yes No

* I give permission for my child to lay on a cot for nap time (children between 1-2) Yes No

*I give permission for my child to have his/her photo taken and used for educational and business use or to share group photos with parents containing my child. Yes No

*Please describe routines/ traditions that you implement into your evening and weekend schedules: _____

*Please explain family structure and dynamics of all people directly influencing your child: _____

*What are three main things you would like your child to get out of being at Little Dreamers Childcare?

1. _____
2. _____
3. _____

DISCLAIMER AND SIGNATURE

- I certify that my answers are true and complete to the best of my knowledge.
- I understand that it is my responsibility to inform the director if anything changes and update my child's enrollment form ASAP.
- I understand that by signing this form I am authorizing Little Dreamers Childcare to keep this information on file and use as needed.

Signature

Date