

## INFANT & PRESCHOOL REGISTRATION FORM

Child's name: \_\_\_\_\_  
(last) (first) (middle)

Nickname? \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month, day, year)

### FAMILY INFORMATION:

Child lives with:  Mother  Father  Other: \_\_\_\_\_  
(check all that apply)

Child's address: \_\_\_\_\_  
street city state zip code

Is either parent's access to the child restricted by a custody order?  no  yes  
If yes, who? \_\_\_\_\_ Please supply a copy of the custody order to the center.

Father/male guardian name: \_\_\_\_\_ SSN: \_\_\_\_\_

Business address: \_\_\_\_\_

Mother/female guardian name: \_\_\_\_\_ SSN: \_\_\_\_\_

Business address: \_\_\_\_\_

Best email address to contact family: \_\_\_\_\_

Siblings (give ages) and others in household (relationship): \_\_\_\_\_

<b>give area codes!</b>	Phone numbers: ( ) _____ ( ) _____ ( ) _____ ( ) _____ ( ) _____	Mom Dad / home office mobile pager Mom Dad / home office mobile pager Mom Dad / home office mobile pager Mom Dad / home office mobile pager Mom Dad / home office mobile pager
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### MEDICAL AND DEVELOPMENTAL INFORMATION

Was your child premature?  no  yes If yes, how many weeks? \_\_\_\_\_

List any chronic illnesses, disabilities, allergies (including food allergies), or conditions:  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your child have a medical condition that may require emergency care?  no  yes

Will your child require special medical procedures while in child care?  no  yes

If YES to either question, please complete back of **EMERGENCY FORM**.

Does your child have daytime bladder control?  no  yes Bowel control?  no  yes

Have you had any concerns about your child's development?

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List any medications taken regularly: \_\_\_\_\_

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If center will need to administer medications, complete **MEDICATION ORDER FORM**.

Child's medical provider:

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Plan (PPO, HMO, other group) name: \_\_\_\_\_

Have there been any special influences on your child which we should know about, such as divorce, death in the family, child's or parent's hospitalization?

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Describe the child care or school situations your child has been in before now.

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How does your child respond to new situations? How does he or she handle separation from you?

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Does your child have any fears? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

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What are your favorite ways to spend time with your child? \_\_\_\_\_

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How do you handle discipline at home? What usually causes your child to misbehave, and what is effective in handling problems?

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What are your expectations of the day care center? What would you like to see your child gain from his or her time with us?

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Is a language other than English used at home? \_\_\_\_\_  
*(if yes, which)*

If yes, please discuss with staff some key phrases which your child uses or which we will need to use.

