

Caring Child Daycare

Early Learning Centers

Registration Form

Child's Full Name _____ Nickname _____

Child's Date of Birth _____ Gender ☐ Male ☐ Female ☐ Non-binary

Parent/Guardian #1 Name _____ Social Security No. _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Place of Employment _____ Email Address _____

Parent/Guardian #2 Name _____ Social Security No. _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Place of Employment _____ Email Address _____

Physician's Name _____ Physician's Phone _____

In the event that the parent/guardian is unable to be reached TWO LOCAL emergency contact persons must be listed and authorized for pickup.

Emergency Contact Person #1 Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact Person #2 Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Please list persons authorized to pick up child from Caring Child Daycare (Other than parent/guardian)

Name	Address	Home Phone	Cell/Work Phone
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Name	Address	Home Phone	Cell/Work Phone
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List name(s) of any particular person(s) **who may NOT pick your child up** from Caring Child Daycare.

Name (Relationship to Child)	Name (Relationship to Child)
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Please list previous Child Care:

Name of Center: _____ City, State _____
Name of Center: _____ City, State _____
Will your child be attending Caring Child Daycare _____ Full Time _____ Part Time _____ Drop In Care
What time will you usually **arrive** at the center? _____
What time will you usually **pick up** your child? _____
Do you have more than one child attending Caring Child Daycare? _____ Yes _____ No
If so, please list their name(s) _____

Do you authorize the center to allow your child to participate on duly authorized field trips? __Yes __No

Do you authorize use of publicity photographs and/or video recordings of your child taken without compensation that shows your child participating in Caring Child Daycare's programs and activities?

(Both on site and during field trips.) _____ Yes _____ No

If your child is of school age, PLEASE COMPLETE:

Name of Child's School _____ Grade _____

MEDICAL INFORMATION

A physical exam is required for your child upon enrollment of Caring Child Daycare. Immunization records are to be submitted immediately, when new immunizations occur, or at the request of Caring Child Daycare.

Does your child suffer from allergies? _____ Yes _____ No

If so, please specify allergy: _____

If your child is exposed to the allergen (eats the food, etc.) what problems will they have?

What should we do to minimize the reaction?

Is there anything about your child's physical needs, or development, that we need to know in order to care for your child?

The center agrees to notify the parent/guardian whenever the child becomes ill, and the parent agrees to pick up the child thereafter, as soon as possible. The parent/guardian authorizes the child day care center to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately.

Name of person who has custody of child _____

Date of Enrollment: _____ Date of Withdrawal: _____ Center: _____

Signature of Parent/Guardian

Date

Signature of Caring Child Daycare Director or Authorized Person

Date

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Information Sheet

For Infants, Toddlers, Twos

Child's Full Name _____
Sibling(s) _____

Birth Date _____
Age(s) _____

1. Feedings

Are you breast-feeding or bottle-feeding your baby? _____

If breast-feeding, will you come to the center to breast-feed? Y/N

If so, at what time? _____ If not, will you send expressed breast milk? _____

What temperature water do you use to prepare a bottle? _____

What kind of formula do you use? _____

How much do you prepare at one time? _____

How much does your baby drink at one time? _____

Does your baby drink water during the day? Y/N If so, how much? _____

Is your baby eating solid foods? Y/N

If so, which ones? _____ How Often? _____

What are some of your child's favourite foods? _____

What foods does your child dislike? _____

Are there any foods you don't want your child to eat? _____

How do you prepare your baby's solid food? _____

How much does your baby eat at one time? _____

2. Sleeping Habits

How will we know that your child is tired and needs to sleep? _____

When does your child usually sleep and for how long do they sleep for? _____

What helps your child to fall asleep? _____

We put babies to sleep on their backs. Is your baby used to sleeping on their back? Y/N

How does your child wake up? Do they wake up quickly, or slowly? Does your child like to be taken out of the crib immediately or lie alone in the crib for a few minutes prior to being held? _____

3. Toileting Habits

What size diapers does your child wear? _____ Is your child toilet trained? Y/N

Are they in the process of being trained? Explain: _____

4. Development

Physical: ☐ Sits alone ☐ Crawling ☐ Pulling-up ☐ Walking

Verbal: ☐ Babbles ☐ Talking ☐ Words ☐ Sentences Primary Language? _____

Emotional: Tell us about your child's personality.

Do they exhibit any separation anxiety? Y/N

How does your child show their feelings? _____

What fears do your child have and what comforts them?

5. Health History

Birth: ☐ Normal ☐ Premature

Any physical disabilities? Y/N

If yes, explain:

Any allergies? (I.E. drugs, food, hay fever) _____

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Information Sheet

Child's Full Name _____

Sibling(s) _____

Birth Date _____

Age(s) _____

1. What has been your child's experience in group child care settings and how do you feel your child will do at Caring Child Daycare?

2. What areas of development do you feel are most important? And what would you like your child to gain from their experience at Caring Child Daycare?

3. What discipline techniques do you use with your child?

4. Does your child have any habits or items for security? How would you like staff to handle them while at Caring Child Daycare? (I.E. thumb sucking, blanket, stuffed animal.)

5. Is there anything happening at home that Caring Child Daycare should know about in order to better understand your child's behavior? (I.E. divorce, death in the family, new baby.)

6. Tell us about your child's eating habits. What are their favourite and least favourite foods?

Is your child sensitive or allergic to any foods? If so, please list them.

Are there any foods you don't want your child to eat?

7. Does your child have any particular fears? What might help to comfort them?

8. What are your child's toileting habits? What words do they use for bathroom time?

9. What are your child's favourite activities? Tell us about their personality.

Caring Child Daycare

Early Learning Centers

Enrollment Agreement

Caring Child Daycare agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the Center.

The parent(s)/guardian(s) authorize Caring Child Daycare to obtain immediate medical care if an emergency occurs when the parent(s)/guardian(s) cannot be located immediately. If there is an objection to seeking Emergency medical care, a statement should be obtained from the parents/guardian that states their objection and the reason for their objection.

The parent(s)/guardian(s) agree to inform the Center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

The parent(s)/guardian(s) will familiarize themselves with the Medication Policy that is outlined in the Parent Handbook and will adhere to the policy that all medication administered on a daily basis will be taken home each evening. The parent(s)/guardian(s) will provide Caring Child Daycare with an updated Immunization Record anytime the child receives new immunizations/booster shots by his Physician/Health Department and/or if requested by Caring Child Daycare.

I agree to provide Caring Child Daycare a two-week written notice before withdrawing my child(ren) from Caring Child Daycare and I understand that my account will be billed the equivalent cost of 2 weeks of childcare should a notice not be provided or not be possible. I understand that enrollment specials and promotions exclude my two week notice.

The parent(s)/guardian(s) is required to update any information in their child's file as the need occurs. At a minimum, once a year, your Center Director will review your child's file with you. At that time, you will have the opportunity to update information or confirm that the information in the child's file is current and correct.

During your semi-annual parent-teacher conference, you will have the opportunity to schedule a parent conference with the Center Director. These conferences are an excellent opportunity for you to provide your Center Director with vital feedback that can help us provide the quality of care we strive to achieve. However, please keep in mind that Caring Child Daycare has an Open Door Policy and you are welcome to stop in at anytime.

I authorize Caring Child Daycare to share information regarding my child/family when required: For example, sharing information with the Health Department, the Division of Licensing, the Accreditation Agency, etc.

I parent/guardian of _____ have read the Caring Child Daycare Parent Hand-book and agree to abide by the policies in it as well as those outlined above.

(Parent / Guardian Signature)

(Director / Administrator Signature)

This file was reviewed with the parent on: _____

-Director's Use Only- IDENTITY VERIFICATION

Place of Birth _____ **Birth Date** _____

Birth Certificate Number _____ **Date Issued** _____

Other Form of Proof _____

Name of Verifier _____ **Date Verified** _____

Permission is granted for...

Child's Name: _____ Center: _____

Sunscreen/Water Play/Swimming

Your permission is required for your child's teacher to apply sunscreen and for them to participate in water play and/or swimming. If you want your child to wear sunscreen while at Caring Child Daycare, please provide us with sunscreen. **The bottle must be clearly labeled with your child's full name.**

_____ I give permission for Caring Child Daycare staff to apply the sunscreen that I have supplied for my child.

Name of Sunscreen: _____

Please list any adverse reaction your child might have or has ever had to sunscreen: _____

_____ I give permission for my child to participate in water play while at Caring Child Daycare.

_____ I give permission for my child to participate in swimming while at Caring Child Daycare.

Please indicate your child's swimming ability: non-swimmer _____ beginner _____ advanced _____

Insect Repellent

If you would like to have insect repellent applied to your child while at Caring Child Daycare, please provide us with a bottle of the repellent you would like applies. **The bottle must be clearly labeled with your child's full name.**

_____ I give permission for Caring Child Daycare staff to apply the Insect Repellent that I have provided.

Name of Insect Repellent: _____

Please list any adverse reaction your child might have or has ever had to insect repellent: _____

Lip Balms/Ointments

If you would like your child to receive application of Lip Balm during the day while at Caring Child Daycare, please provide us with a tube of the Lip Balm/Ointment. **The tube must be clearly labeled with your child's full name.**

_____ I give permission for Caring Child Daycare staff to apply the Lip Balm/Ointment that I have provided.

Name of Lip Balm/Ointment: _____

Please list any adverse reaction your child might have or has ever had to Lip Balm/Ointment: _____

Topical Lotions

If you would like your child to receive application of a topical lotion/cream during the day at Caring Child Daycare, please provide us with the lotion/cream to be applied. **The lotion must be clearly labeled with your child's full name.**

___ I give permission for Caring Child Daycare staff to apply the Lotion/Cream that I have provided.

Name of Lotion/Cream: _____

Please list any adverse reaction your child might have or has ever had to

Lotion/Cream: _____

ALL PRODUCTS WILL BE KEPT IN A SEPARATE CONTAINER THAT IS OUT OF THE REACH OF CHILDREN. IN ORDER TO GIVE PERMISSION TO APPLY THE ITEMS YOU'VE INDICATED ABOVE, PLEASE SIGN BELOW:

Parent's Signature _____

Date _____

Caring Child Daycare

Early Learning Center

Child's Name: _____

Parent/Guardian: _____

Parent/Guardian: _____

Center: _____

Phone # _____

Phone # _____

My child has the following allergy/allergies:

Possible reaction and symptoms you might see or those we have seen in the past include:

By signing below, I acknowledge that Caring Child Daycare has permission to post allergy information regarding my child in a location that is visible to all staff that work with my child.

Does your child have an Epi Pen at Caring Child Daycare? __Yes __No

Does the epi-pen need to be on a Caring Child Daycare vehicle during after school transportation? __Yes __No

Comments:

Parent's Signature: _____ Date: _____