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| **CHILD’S PERSONAL DETAILS** | | | | | | | |
| Sur Name: Middle Name:  First Name: Preferred Name: | | | | | | | |
| Date of birth: |  |  |  |  |  |  | Years: Gender: Male Female |
| Nationality:  What is your child’s primary language?  What languages (if not English) does the child speak at home?  Main language: Other languages:  Are there any specific ointments or lotions your family uses? | | | | | | | |
| **CHILD’S EATING DETAILS** | | | | | | | |
| Is the child on any special diet? Yes No. If yes, please indicate details below.  Does your child have any food allergies? Yes No. If yes, please indicate details below.  Would you allow us to post a photo of your child to alert all staff of his/her allergy? Yes No What does your child use to drink? bottle sippy cup regular cup other: How often does your child eat? Please give brief timetable below: | | | | | | | |

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| **CHILD’S SLEEPING DETAILS** |
| Does your child take a nap? Yes No. How many times a day? How long? Does your child sleep with a special blanket, toy or pacifier? Yes No  Are there any specific bedtime routines at home? If yes please give brief explanation below:  Where does the child sleep at home? |
| **CHILD’S TOILETING DETAILS** |
| Does your child use diapers? Yes, No Does your child use a potty or the toilet?  How does your child let you know that it is time “to go”?  Does your child need regular reminders to use the bathroom? |
| **CHILD’S DEVELOPMENT DETAILS** |
| Do you have any concerns about your child’s development? Yes No  Hearing Vision Language Gross Motor Fine motor Social Other. Explain:  Has your child been in childcare before? Yes No Is your child comfortable in group situations? Yes No  Is there anything we should know about your child’s play with other children, by themselves, any concerns What kind of activities does your child enjoy?  Are there activities your child avoids? |

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| How would you describe your child’s temperament and personality?  Does your child have siblings? Yes No. If yes, please list their names and ages below.  Does your family have any pets? Yes No. If yes, pets name: What soothes your child?  What frightens your child?  Does your child have any favorite songs or games that comfort them? Yes No. If yes, explain What are your expectations or hopes for your child at our center?  What are your expectations for our children’s center and center staff members? |
| **CHILD’S HEALTH DETAILS** |
| Has your child received all scheduled immunizations? Yes No.  If not, your child will need to be excluded from the site during outbreaks of some infectious diseases.  Does your child have a diagnosed medical condition that may require support? Yes No. If yes, please explain. |

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| **PARENT/GUARDIAN DETAILS** | |
| **PARENT 1/GUARDIAN 1 DETAILS**  **(enrolling parent/guardian)** | **PARENT 2/GUARDIAN 2 DETAILS** |
| Mr./Mrs./Ms./Other:  Family Name:  Given Names:  Gender:  Relationship to child:  Employment status:  Work location:  Work phone number:  Mobile number:  Nationality:  Does parent 1 speak a language other than English?  If yes, which is the main language for parent 1 at home?  Does this parent require an interpreter? Email address:  Signature of enrolling parent/guardian:  Date: | Mr./Mrs./Ms./Other:  Family Name:  Given Names:  Gender:  Relationship to child:  Relationship to enrolling parent: Employment status:  Work location:  Work phone number:  Mobile number:  Nationality:  Does parent 1 speak a language other than English?  If yes, which is the main language for parent 1 at home?  Does this parent require an interpreter? Email address: |
| **ADDRESSES** | |
| Mailing address:  Residential address: | |

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| **OTHER PARENT/GUARDIAN NOT RESIDING AT SAME ADDRESS AS CHILD** |
| Mr./Mrs././Ms./Other: Family Name:  Given Names: Gender:  Relationship to child: Employment status:  Work location: Work phone number:  Mobile number: Nationality:  Email address:  Mailing address:  Please indicate if this person wishes to receive reports and/or correspondence: |
| **PERSONS AUTHORISED TO COLLECT CHILD** |
| 1. Full Names: Work phone:  Relationship to child: Mobile phone:  Work place: |
| 2. Full Names: Work phone:  Relationship to child: Mobile phone:  Work place: |
| **EMERGENCY CONTACTS IF PARENTS/GUARDIANS CANNOT BE CONTACTED** |
| 3. Full Names: Work phone:  Relationship to child: Mobile phone:  Other contact info: |
| 4. Full Names: Work phone:  Relationship to child: Mobile phone:  Other contact info: |

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| **DETAILS OF CHILD’S DOCTOR** | | | | | | | | | | | | | | | |
| Names: Work phone:  Relationship to child: Mobile phone:  Clinic/Hospital Name: | | | | | | | | | | | | | | | |
| **SIBLING DETAILS** | | | | | | | | | | | | | | | |
|  | **No** |  | **Child’s Name** |  | **Date of Birth** | | | | | |  | **Attends this center?** | | |  |
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|  |  |  |  |  |  |  |  |  | **Tick Yes** | **Tick No** |
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| **ATTACH BELOW ITEMS/PICTURES TO THIS FORM** | | | | | | | | | | | | | | | |
| Child’s passport photo  1st guardian (mom or dad) passport photo  Photocopy of the child’s immunization card/ Birth Certificate.  Previous term report card | | | | | | | | | | | | | | | |
| **ANY OTHER INFORMATION/COMMENTS** | | | | | | | | | | | | | | | |
| I give permission for my child to be photographed. Photos may appear on the KJS Facebook page, Newsletter, posters, etc. My child may appear in group photos which may be included in printed media.  Sign ……………………………………………. Date …………………………….  I give permission for my child to receive first aid in the case of an emergency and/or for them to be taken to KJS’s nearest hospital which is ICO Hospital.  Sign ……………………………………………. Date ……………………………. | | | | | | | | | | | | | | | |