

# Child Care Enrollment Form

## Infant and Toddler Information

*To Be Completed by Parent*

Name of child care center \_\_\_\_\_ Date enrolled \_\_\_\_\_

Child's name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_ Child's age at entry \_\_\_\_\_

Name of parent(s) \_\_\_\_\_ Phone (day) \_\_\_\_\_

### Health

Any special/medical needs?

Any previous medical history?

Any allergies?

Any medications?

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### Individual Needs

Does s/he say any words? What do they mean?

What languages are spoken in the home?

What are his/her favorite games, toys and things to do?

How do you comfort your child when s/he is upset?

Any information that might be important or helpful to caregivers?

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### Family

Members of Household

Relationship

Age of Sibling

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

### OVER

**Typical Daily Schedule**

**Sleep**

7:00 \_\_\_\_\_  
7:30 \_\_\_\_\_  
8:00 \_\_\_\_\_  
9:00 \_\_\_\_\_  
10:00 \_\_\_\_\_  
11:00 \_\_\_\_\_  
12:00 \_\_\_\_\_  
1:00 \_\_\_\_\_  
2:00 \_\_\_\_\_  
3:00 \_\_\_\_\_  
4:00 \_\_\_\_\_  
5:00 \_\_\_\_\_

Any special sleeping routines?

Does your baby like to be rocked?

Is your baby always put on his/her back to sleep?

When does your child usually sleep?

How long is a typical sleep period?

**Foods**

What does your child eat?    Baby food \_\_\_\_\_    Table food \_\_\_\_\_

Types/Amount:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Liquids**    Cup \_\_\_\_\_    Bottle \_\_\_\_\_    **Milk:** Formula \_\_\_\_\_    Whole milk \_\_\_\_\_    2% \_\_\_\_\_    Skim \_\_\_\_\_

Brand of formula: \_\_\_\_\_    Type: Powder \_\_\_\_\_    Ready to feed \_\_\_\_\_

Heated \_\_\_\_\_    Room temp. \_\_\_\_\_    Cool \_\_\_\_\_

**Juice:** Apple \_\_\_\_\_    Orange \_\_\_\_\_    Pineapple \_\_\_\_\_    Grape \_\_\_\_\_    Peach \_\_\_\_\_    Apricot \_\_\_\_\_    Prune \_\_\_\_\_

Any other liquids?

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_