

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?

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?

Family

Members of Household

Relationship

Age of Sibling

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 child like to be rocked?

Is your child 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?

Types/Amount:

Liquids

Cup _____ Bottle _____ Please note - Grandma's Place Lloyd Place policy states that bottles will not be given to children 2 years and older. Please see Director for any questions or issues.

Milk: Whole milk _____ 2% _____ Skim _____

Juice: Apple _____ Orange _____ Pineapple _____ Grape _____ Peach _____ Apricot _____ Prune _____

Any other liquids?

Parent Signature _____

Date _____