

Child's Admission/Renewal Record 707.51 A 1, 2,3,4,5,6

(THIS FORM MUST BE UPDATED ANNUALLY) and returned with a \$50 enrollment fee

DATE OF ENROLLMENT _____ CHILD'S DATE OF BIRTH _____

Child's Name _____ Child's Nickname (if any) _____

Student lives with Father / Mother / Both

Address where child resides _____

Mother/Guardian's Name _____ Address _____

Home Phone _____ Cell Phone _____

Occupation _____

Employer _____ Address _____

Employer's Phone _____

Father/Guardian's Name _____ Address _____

Home Phone _____ Cell Phone _____

Occupation _____

Employer _____ Address _____

Employer's Phone _____

Other Children and/or family members living in the home

Name Age Relationship

Name Age Relationship

Name Age Relationship

During the hours of child care how may you be reached?

Please list the names, addresses, and telephone numbers of those who are authorized to pick up your child.

Name Address Phone

Name	Address	Phone
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Name	Address	Phone
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Emergency contact information if neither parent/guardian can be reached:

Name	Address	Phone
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Name	Address	Phone
------	---------	-------

Name	Address	Phone
------	---------	-------

Child's Health Care Provider:

Name	Address	Phone
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Child's Dentist:

Name	Address	Phone
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Child's Pedadontist (if applicable):

Name	Address	Phone
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Hospital of Choice:

Name	Address	Phone
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Please give any information in the following areas that you feel will be helpful to me in caring for your child:

What are your child's play habits?

Is your child a Vegetarian Good Eater Finicky Eater Slow Eater Fast Eater

Does your child have any known food allergies? Yes No

Please list:

Are there any foods that are **NOT** to be given to your child due to health or religious reasons?

Yes No

Please list: _____

Does your child have any of the following chronic or disabling conditions?

Asthma Seizures Diabetes Heart Disease Drug Reactions Other

Does your child have any specific sleeping, napping, or resting needs?

Does your child have any fears or nightmares? How do you deal with these?

What are some of your child's likes and dislikes?

What is your child's experience with pets?

What is your child's favorite activity / favorite food?

Does your child have any speech problems?

Has your child had any traumatic or negative experiences?

What form of discipline do you use in your home?

Has your child had any of the following illnesses?

Measles German Measles Chickenpox Scarlet Fever Strep Throat Rheumatic
Fever Roseola Ear Infection Other

Parent/Guardian

Date

Parent/Guardian

Date