



INFANT & PRESCHOOL REGISTRATION FORM

Child's name: (last) (first) (middle)
Preferred name to be called: Date of Birth (month, day, year)

FAMILY INFORMATION:

Child lives with: Mother Father Other: (check all that apply)

Child's address: street city state zip code

Is either parent's access to the child restricted by a custody order? no yes

If yes, who? Please supply a copy of the custody order to the center.

Father/male guardian name: SSN:

Business address:

Mother/female guardian name: SSN:

Business address:

Best email address to contact family:

Siblings (give ages) and others in household (relationship):

Table with 4 columns: Phone numbers, Mom, Dad, and options for home, office, mobile.

MEDICAL AND DEVELOPMENTAL INFORMATION

Was your child premature? no yes If yes, how many weeks?

List any chronic illnesses, disabilities, allergies (including food allergies), food preferences (i.e. vegetarian), or conditions:

Does your child have a medical condition that may require emergency care? no yes

Will your child require special medical procedures while in child care? no yes

** If YES to either question, please complete the back of the EMERGENCY FORM.

Does your child have daytime bladder control? no yes

Bowel control? no yes

Have you had any concerns about your child's development?

List any medications taken regularly: _____

If center will need to administer medications, complete the **State Medication Administration form**.

Child's medical provider:

Physician's name: _____ Phone: _____

Have there been any special influences on your child that we should know about, such as divorce, death in the family, child's or parent/guardian hospitalization?

Describe the child care or school situations your child has been in before now.

How does your child respond to new situations? How does he or she handle separation from you?

Does your child have any fears? _____

What are your child's favorite activities? _____

What are your favorite ways to spend time with your child? _____

How do you handle discipline at home? What usually causes your child to misbehave, and what is effective in handling problems?

What are your expectations of Little Acorns? What would you like to see your child gain from his or her time with us?

Is a language other than English used at home? _____

(if yes, which)

If yes, please discuss with staff some key phrases which your child uses or which we will need to use.

Parent or guardian's signature

date