

**EMPORIA CHILD CARE III
ENROLLMENT FORM**

Name of child _____ **Sex: M** _____ **F** _____

Date of birth _____

If unborn, due date _____

Admission date requested: _____

Parents or Guardian:

Mother's Name: _____ Phone No: _____

e-mail address _____ cell phone: _____

Address.: _____

Business Name: _____ Phone No.: _____

School Name: _____ Phone No: _____

Address: _____

Father's Name: _____ Phone No: _____

e-mail address _____ cell phone: _____

Address.: _____

Business Name: _____ Phone No.: _____

School Name: _____ Phone No: _____

Address: _____

Child's Physician: _____ Address: _____

Phone No.: _____

Child's Dentist: _____ Address: _____

Phone No.: _____

Other than yourself, who could be notified to pick your child up in case of illness or accident?

Name: _____ Name: _____

Relationship to child: _____ Relationship to child: _____

Address: _____ Address: _____

Phone No.: _____ Phone No.: _____

Names of brothers and sisters with their ages, and other members of the household:

Does child live with both natural parents? _____

Has child ever spent time away from either parent? _____

If divorced, separated or unmarried, state the custody arrangement for your child:

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Medical history: During pregnancy, any difficulties or special needs? _____

Birth difficulties? _____ If yes, describe _____

Family history of SIDS or other infant medical complications? _____

Describe your baby's temperament _____

Has your child had any feeding problems? If yes, describe _____

Is your child breast fed or bottle fed? _____ If on formula what brand? _____

What are your child's favorite foods? _____

What foods does your baby dislike? _____

Have you noticed any allergies or sensitivities to particular foods? If yes, describe? _____

What foods is your child eating now? _____

Fruit _____ Juices _____

Vegetables _____ Meats _____

Cereals _____ Milk(Formula) _____

Has your child shown any sleeping problems? If yes, describe _____

How long does your child typically sleep at night? _____

What is your child's sleeping pattern for the day? _____

Does your child have his own bedroom? _____ If not, describe sleeping arrangement: _____

Do you have special ways of helping your child go to sleep? _____

If your child is an infant, what position is your baby sleeping? _____

Does your child usually cry when going to sleep? If yes, how long? _____

Does your child cry when waking up? _____ How long? _____

What are your child's favorite toys? _____

Family activities? _____

Are there any family problems that the center should know about that could affect your child's behavior? _____

Reasons for wanting child at center? _____

Parent's signature: _____ **Date:** _____

CENTER USE ONLY

Date child is to be admitted _____

Scheduled days of attendance _____ Time of arrival: _____

Time of departure _____ Fees _____

Payment schedule _____