

**EMPORIA CHILD CARE, INC.
ENROLLMENT FORM**

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

Date of birth _____

Admission date requested: _____

Parents or Guardian:

Mother's Name: _____ Phone No: _____

Address.: _____ Cell No. _____

Business Name: _____ Phone No.: _____

Address: _____

E-mail _____

Father's Name: _____ Phone No: _____

Address.: _____ Cell No. _____

Business Name: _____ Phone No.: _____

Address: _____

E-mail _____

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? _____

Are parents divorced, separated, or considering either one? _____

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

How does your child get along at home with his parents? His brothers and sisters?

Does your child throw temper tantrums? _____

Is your child completely toilet trained? _____

Does your child regularly wet the bed at night? _____

Does your child have any allergies? _____ To what? _____

Is there any diabetes on either side of the family? _____

List communicable diseases, accidents, operations, serious illnesses and ailments that your child has had.

Is your child right or left handed _____ Either _____

When did your child walk? _____ Talk? _____

Speech difficulties? _____

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

What is your child's normal bedtime? _____ When does your child normally get up? _____

Does your child nap? _____ How long? _____ Dress self? _____

Habits? (thumbsucking, nail biting, etc.) _____

Fears? (dogs, dark, etc.) _____

Has child ever been enrolled in another center or preschool? _____

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 _____ Center I _____ Center II _____

Fees _____ Payment schedule _____