

Registration Form



Office use only:

Program: _____
Admission Date: _____
Termination Date: _____
Admin name: _____

Child Information

Child's Name: _____ Date of birth: _____ Gender: M or F
Birth Place: _____ Ethnic Origin: _____ Languages: _____

Parent Information

Mother's Name: _____	Father's Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: (hm) _____	Phone: (hm) _____
(wk) _____	(wk) _____
(email) _____	(email) _____
(cell) _____	(cell) _____
Occupation _____	Occupation _____
Company name, address _____	Company name, address _____
_____	_____

Emergency Information

In the event of an emergency and *neither parent can be reached* please contact the following persons:

Name: _____	Name: _____
Relation to child: _____	Relation to child: _____
Phone: (hm) _____	Phone: (hm) _____
(wk) _____	(wk) _____
(cell) _____	(cell) _____

*** Please make sure you update the school with any address or phone number changes**

Enrollment Form



Medical History

Hospital: _____

Doctor's Name: _____

Telephone: () _____

Address Location: _____

City: _____

Does your child have Health Insurance **yes** **no** Policy name and number: _____

Presently on any medication **yes** **no** If yes, what type _____

Does your child have any Allergies **yes** **no** If yes, what type _____ mild / severe

*** Please attach written instructions from your doctor in the event your child has allergic reactions along with necessary medications required along with a doctor's prescription.**

Is your child suffering from any type of serious illness or disease? **yes** **no**

Has your child ever been hospitalized or have any kind of physical problems? **yes** **no**

If yes to these questions, please describe:

Date of child's last physical examination? _____

Date of child's last dental examination? _____

Is your child up to date on recommended immunizations? **yes** **no**

If no, please list what shots are needed.

About the Child

Describe your child's personality?

Has your child ever been in day care or a school setting before? **yes** **no**

If so, what was his/her experience?

Does your child have an opportunity to play and interact with other children? **yes** **no**

What do you expect your child to gain from his/her experience here?

Does your child have difficulty separating from you? **yes** **no**

Does your child have any fears? **yes** **no**

If yes, what is he/she afraid of:

How does your child indicate when he/she is upset?

When your child is feeling upset, angry or frightened, what helps him/her feel better?

Important people in child's life (at home and outside the home)_____

Child's relationship with siblings_____

Child's favorite activities and toys_____

Preferences and restrictions regarding T.V._____

Have there been any major changes that have happened in your child's/family's life that might affect his/her behavior? yes no

If yes please explain _____

Do you have any concerns for your child in the following areas: (please check if yes)

	Parental Concern	Receiving Services
Speech/Language	_____	_____
Physical Development	_____	_____
Nutrition	_____	_____
Health/Vision/Hearing	_____	_____
Social/Emotional	_____	_____

School History (1st Grade-7th Grade only)

List elementary schools your child previously attended.

Name of School	Phone Number	Years attended	Teacher Reference	Teacher's Phone #

Has your child ever been suspended or expelled from school? If yes, explain. _____

What was the reason for your child leaving previous school?

