

## Child Care Enrollment

### Infant and Toddler Information

*To Be Completed by Parent*

Per rule 414-300-0040(5) the following information is required prior to admission of each infant and toddler.

Name of child care center/home			Date enrolled
Child's Name	Nickname	Birthdate	Child's age at entry
Name of Parent(s)			Phone (day)

#### Health

Any special/medical needs?

Any previous medical history?

Any allergies?

Any medications?

---

#### Individual Needs

Does child say any words? What do they mean?

What languages are spoken in the home?

What are child's favorite games, toys and things to do?

How do you comfort your child when he or she is upset?

Any information that might be important or helpful to caregivers?

---

#### Family

Members of Household	Relationship	Age if Sibling
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any pets?

Over =>

# Child Enrollment and Authorization

Child's Last Name		Date Entered Care	
Child's First Name		Age at Entry to Care	
Child's Nickname		Date of Birth	
<b>ALLERGY ALERT:</b> Does child have allergies?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list all allergies on back side of form			
<b>Parent or Guardian Contact Information</b>			
Name (first, last)		Relationship	
Home Address		City	Zip
Home Phone		Work Phone	
Employer and Work Hours		Cell Phone	
Work Address		City	Zip
Name (first, last)		Relationship	
Home Address		City	Zip
Home Phone		Work Phone	
Employer and Work Hours		Cell Phone	
Work Address		City	Zip
<b>Required Emergency Contact Information-person other than parent or guardian that is authorized to pick up child</b>			
Name (first, last)		Phone	Relationship
Name (first, last)		Phone	Relationship
<b>Non-Emergency Contact Information-person other than parent or guardian that is authorized to pick up child</b>			
Name (first, last)		Phone	Relationship
Name (first, last)		Phone	Relationship
<b>Medical/Dental Contact Information</b>			
Primary Physician Name		Phone	
<b>Parent or Guardian Authorization</b>			
<b>Please list any restrictions to permission of the following:</b>			
<input type="checkbox"/> My child may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision (see special transportation arrangements section on back of form).			
<input type="checkbox"/> My child may be photographed for publicity or news purposes <input type="checkbox"/> On-site <input type="checkbox"/> Off-site			
<input type="checkbox"/> My child may be given non-prescribed medication as indicated on the container. This may include sunscreen, antibacterial first aid cream, and diapering ointment. Syrup of ipecac may be administered if deemed necessary by the poison control operator. The child's parent or guardian will be contacted prior to administering non-prescription pain relievers. Prescription medications must be current and a permission slip is required per each medication.			
In an emergency, the child care facility has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.			
Parent/Guardian Signature _____		Date _____	

**Continued on back (additional signature and date)**

**Typical Daily Schedule**

7:00 \_\_\_\_\_  
 7:30 \_\_\_\_\_  
 8:00 \_\_\_\_\_  
 9:00 \_\_\_\_\_  
 10:00 \_\_\_\_\_  
 11:00 \_\_\_\_\_  
 12:00 \_\_\_\_\_  
 1:00 \_\_\_\_\_  
 2:00 \_\_\_\_\_  
 3:00 \_\_\_\_\_  
 4:00 \_\_\_\_\_  
 5:00 \_\_\_\_\_

**Sleep**

Any special sleeping routines?  
 \_\_\_\_\_  
 Does your baby liked to be rocked?  
 \_\_\_\_\_  
 Is your baby always put on his/her back to sleep?  
 \_\_\_\_\_  
 When does your baby usually sleep?  
 \_\_\_\_\_  
 How long is a typical sleep period?  
 \_\_\_\_\_

**Liquids**

Cup     Bottle     Parents on-site

Milk:     Formula     Whole milk  
            Breast         2%  
            Skim

Brand: \_\_\_\_\_

Type:     Powder     Ready to feed

Heated     Room Temp     Cool

Amount/serving: \_\_\_\_\_

Juice:     Apple         Orange  
            grape:        Peach  
            Pineapple:    Apricot

Any other liquids? \_\_\_\_\_

**Foods**

What does your child eat?

Baby Food     Table Food

Types/Amount:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# LCSD Child Care Attendance Form

---

Child's Name: \_\_\_\_\_

Attendance Month \_\_\_\_\_

My child will attend the following days (please check all that apply):

- |                          | <u>Day</u> | <u>Time</u> |
|--------------------------|------------|-------------|
| <input type="checkbox"/> | Monday:    | _____       |
| <input type="checkbox"/> | Tuesday:   | _____       |
| <input type="checkbox"/> | Wednesday: | _____       |
| <input type="checkbox"/> | Thursday:  | _____       |
| <input type="checkbox"/> | Friday:    | _____       |

Will your child's schedule be the same (days and times) next month?

- Yes- This form does not need to be completed again unless there is change to your child care needs.
- No- you will need to complete a form reflecting you child's schedule for next month and submit it to your child's teacher no later than the 20th of this month.

Please remember to contact your child's teacher if your child is going to be absent from the program on a regularly scheduled day.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

