

# Child Enrollment Form

Child's Name:		Nickname:	
Birthdate:		Are you a resident of Mountain Park? Yes _____ No _____	
Has your child previously been in childcare? Yes _____ No _____ If yes, what type of care and for how long?			
<b>ALLERGY ALERT:</b> Does your child have allergies? Yes _____ No _____ <b>** If yes, please fill out an allergy emergency care plan</b>			
<b>Parent or Guardian Contact Information</b>			
Name:		Relationship:	
Home Address:			
Email:		Cell Phone:	
Employer & Work Hours:		Work Phone:	
Name:		Relationship:	
Home Address:			
Email:		Cell Phone:	
Employer & Work Hours:		Work Phone:	
<b>Required Emergency Contact Information – person other than parent or guardian that is authorized to pick up child</b>			
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
<b>Non-Emergency Contact Information – person other than parent or guardian that is authorized to pick up child</b>			
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
<b>Medical Contact Information</b>			
Child's Medical Provider:		Phone:	
Preferred Hospital (in case of emergency):			
Parent/Guardian Signature		Date:	

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## Child General Information – please include any information that will assist us in providing quality care for your child

Likes & dislikes
Eating habits & schedule
Sleeping habits & schedule
Developmental & health history that could affect the child's participation in childcare
Interactions with other children
How does your child like to be comforted?
Potty Trained? Diapers _____ In Training _____ Fully Potty Trained _____
Child's home language(s)
Are there family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us?
Does your child have any special needs (IFSP, IEP, etc.)? Yes _____ No _____ <b>**If yes, please complete a written care plan</b>

## Child Medical Information

Does your child have any chronic health issues or specific care needs (such as previous serious illnesses or injuries)? Yes _____ No _____ <b>** If yes, please complete a written care plan</b>
Does your child regularly need medication or have medications prescribed for continuous, long-term use? Yes _____ No _____ If yes, why?

## Other Children in the Home

Name:	Age:	School or other information you want to share:
Name:	Age:	School or other information you want to share:
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Name:	Age:	School or other information you want to share:

**Enrollment form annual review or update(s).** A center must have the parent or guardian review, update, and sign or initial the enrollment form at least annually. Please date and initial below anytime the enrollment information is reviewed and/or updated.

Date: \_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_