

Lucky Charms Daycare LLC Enrollment Form

Date _____

Child's Name _____

Child's Age _____ Child's Birthdate _____

Address

Contact Information:

Mother's Name

Mother's Address

Mothers Home Phone (____) _____

Mothers Cell Phone (____) _____

Mothers Work Phone (____) _____

Father's Name

Father's Address

Father's Home Phone (____) _____

Father's Cell Phone (____) _____

Father's Work Phone (____) _____

Emergency Contact Person (1)

Emergency Contact's Number (____) _____

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Emergency Contact Person (2)

Emergency Contact's Number (____)_____

Do you have backup child care arranged should your child become ill?

Service Information:

Date you want to begin child care?

Days and hours committing to for child care

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Time you plan to drop off your child? _____

Time you plan to pick up your child? _____

Your Child's Health

CHILD'S HEALTH RECORD: (A copy of your child's immunizations and current physical will be needed)

General of health;

Doctor's name _____

Doctor's phone number (____)_____

Dentist's name _____

Dentist's phone number (____)_____

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Are your child's immunizations up to date? _____

(Please attach a copy of immunizations or religious release. Immunization should include the signature of the nurse or doctor who administered medications.) .

Does your child have any known allergies?

Are you concerned that your child may be prone to any type of allergy? _____

Describe: _____

Does your child have any medical conditions which we should be aware of?

Does your child have any problems with any of these? (please circle)

Constipation	Convulsions	Diarrhea	Fainting Spells
Frequent Colds	Frequent Ear Infections	Frequent Sore Throats	Lice
Ringworm	Skin Rash	Soiling	Stomach Upsets
Urinary Problems	Worms		

Explain: _____

Has your child have/had any of these illnesses? (please circle)

Asthma	Bronchitis	Chicken Pox	Diabetes	Heart Disease
Hepatitis (A/B/C)	Impetigo	Measles	Mumps	German Measles
Polio	Scarlet Fever	Tuberculosis	Whooping Cough	

Explain: _____

Does your child have any speech, hearing, or vision problems? _____

Explain: _____

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Would there be any restrictions to play or activities? _____

What would they be? _____

About Your Child

Has your child ever been in child care before? _____

What type of child care? (a center, home daycare, family members, or other)

Was it a positive experience? _____

Why? _____

Why are you looking for child care?

How does your child feel-about daycare and being left by his/her mommy/daddy?

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce/separation, new sibling, etc.?

What is your normal method of correction of unapproved behavior?

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc.

Are there any food restrictions? _____

What is your child's favorite food? _____

What-food does your child dislike? _____

Can your child be relied upon to indicate bathroom wishes? _____

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What words does your child use for urination? _____ Bowel movements? _____

Does your child take naps? _____ How long do they sleep? _____

What time does your child wake in the morning? _____ Go to bed at night? _____

Does your child sleep in a bed, crib or other? _____ Do they sleep all night? _____

Are there any siblings? Please name them and specify ages and gender. Also, please list siblings not living in home that your child sees regularly.

Name	Age	Gender
_____	_____	_____
Name	Age	Gender
_____	_____	_____
Name	Age	Gender
_____	_____	_____
Name	Age	Gender
_____	_____	_____
Name	Age	Gender
_____	_____	_____

Has your child had experience playing with other children? _____

What language(s) are spoken at home? _____

Does your child have any security objects such as a blanket, soother, bottle, toy, etc.? _____

What is the item? _____

What are your child's favorite activities, toys, books, games or animals? _____

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What are things that your child is afraid of? _____

Are there any other comments or information you would like to let us know about? _____

Any specific concerns? _____
