



## Child's Enrollment Form

### Child Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age at Admission: \_\_\_\_\_ Date of Admission: \_\_\_\_\_  
Child's Home Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Primary Language: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
\_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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### Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Reachable Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_  
Hours at Work: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Home Address: \_\_\_\_\_

Reachable Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

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**Additional Information**

Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Allergies/Special Diets?** \_\_\_\_\_

Individual Health Plan for child with a chronic health condition? If yes, please attach. \_\_\_\_\_

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?  
If yes, please attach. \_\_\_\_\_

Special limitations or concerns? \_\_\_\_\_

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**Parent/Guardian Signature**

**Date** Page 2 of 2

# DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed childcare facilities require this information to be on file to address the needs of children while in care.

**CHILD'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

Please provide information for Infants and Toddlers (marked \*) as appropriate to the age of your child.

## DEVELOPMENTAL HISTORY

Age began sitting: \_\_\_\_\_ crawling: \_\_\_\_\_ walking: \_\_\_\_\_ talking: \_\_\_\_\_

\*Does your child pull up? \_\_\_\_\_ \*Crawl? \_\_\_\_\_ \*Walk with support? \_\_\_\_\_

Any speech difficulties? \_\_\_\_\_

Special words to describe needs \_\_\_\_\_

Language spoken at home \_\_\_\_\_ \*Any history of colic? \_\_\_\_\_

\*Does your child use pacifier or suck thumb? \_\_\_\_\_ \*When? \_\_\_\_\_

\*Does your child have a fussy time? \_\_\_\_\_ \*When? \_\_\_\_\_

\*How do you handle this time? \_\_\_\_\_

## HEALTH

Any known complications at birth? \_\_\_\_\_

Serious illnesses and/or hospitalizations: \_\_\_\_\_

Special physical conditions, disabilities: \_\_\_\_\_

**Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:** \_\_\_\_\_

\_\_\_\_\_

**Regular medications:** \_\_\_\_\_

## EATING HABITS

Special characteristics or difficulties: \_\_\_\_\_

\*If infant is on a special formula, describe its preparation in detail: \_\_\_\_\_

\_\_\_\_\_

Favorite foods: \_\_\_\_\_

Foods refused: \_\_\_\_\_

\* Is your child fed held in lap? \_\_\_\_\_ Highchair? \_\_\_\_\_

\* Does your child eat with a spoon? \_\_\_\_\_ Fork? \_\_\_\_\_ Hands? \_\_\_\_\_

## TOILET HABITS

\*Are disposable or cloth diapers used? \_\_\_\_\_ \*Is there a frequent occurrence of diaper rash? \_\_\_\_\_

\*Do you use oil: \_\_\_\_\_ powder: \_\_\_\_\_ lotion: \_\_\_\_\_ other: \_\_\_\_\_

\*Are bowel movements regular? \_\_\_\_\_ How many per day? \_\_\_\_\_

\*Is there a problem with diarrhea? \_\_\_\_\_ Constipation? \_\_\_\_\_

\*Has toilet training been attempted? \_\_\_\_\_

\*Please describe any particular procedure to be used for your child at the center: \_\_\_\_\_

\*What is used at home? Potty-chair? \_\_\_\_\_ Special child seat? \_\_\_\_\_ Regular seat? \_\_\_\_\_

\*How does your child indicate bathroom needs (include special words): \_\_\_\_\_

Is your child ever reluctant to use the bathroom? \_\_\_\_\_

Does your child have accidents? \_\_\_\_\_

## SLEEPING HABITS

\*Does your child sleep in a crib? \_\_\_\_\_ Bed? \_\_\_\_\_

Does your child become tired or nap during the day (include when and how long)? \_\_\_\_\_

***Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of sudden infant death syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your caregiver.***

When does your child go to bed at night? \_\_\_\_\_ and get up in the morning? \_\_\_\_\_

Describe any special characteristics or needs (stuffed animal, story, mood on waking etc.) \_\_\_\_\_

**SOCIAL RELATIONSHIPS**

How would you describe your child? \_\_\_\_\_  
\_\_\_\_\_

Previous experience with other children/day care: \_\_\_\_\_  
\_\_\_\_\_

Reaction to strangers: \_\_\_\_\_ Able to play alone? \_\_\_\_\_

Favorite toys and activities: \_\_\_\_\_

Fears (the dark, animals, etc.): \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

What is the method of behavior management/discipline at home? \_\_\_\_\_  
\_\_\_\_\_

What would you like your child to gain from this childcare experience? \_\_\_\_\_  
\_\_\_\_\_

**DAILY SCHEDULE**

Please describe your child's schedule on a typical day. For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

(Parent/Guardian Signature)

(Date)

# FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize staff in the childcare program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

## Emergency Contacts (*In order to be contacted*)

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Health Insurance Coverage \_\_\_\_\_ Policy # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_

Cell \_\_\_\_\_

Parent /Guardian Signature

Date (valid for one year)

## Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: \_\_\_\_\_

**MY CHILD WILL ARRIVE AT THE PROGRAM:**

**MY CHILD WILL DEPART FROM THE PROGRAM:**

\_\_\_ PARENT DROP OFF

\_\_\_ PARENT PICK UP

\_\_\_ SUPERVISED WALK

\_\_\_ SUPERVISED WALK

\_\_\_ UNSUPERVISED WALK

\_\_\_ UNSUPERVISED WALK

\_\_\_ PUBLIC/PRIVATE/VAN

\_\_\_ PUBLIC/PRIVATE/VAN

\_\_\_ PROGRAM BUS/VAN

\_\_\_ PROGRAM BUS/VAN

\_\_\_ CONTRACT/VAN

\_\_\_ CONTRACT/VAN

\_\_\_ PRIVATE TRANS. ARRANGED BY PARENT

\_\_\_ PRIVATE TRANS. ARRANGED BY PARENT

\_\_\_ OTHER

\_\_\_ OTHER

PARENT /GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION**

# Parent Handbook Acknowledgment and Agreement

Please carefully read, sign, and return the following form to the center Director on or before your child's first day of enrollment.

***I have read The Teddy Bear Village Inc Parent Handbook and agree to abide by all policies and procedures therein. I agree to pay the following tuition amount and understand that these may change depending on rate adjustments.***

Child(ren) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Weekly Schedule: \_\_\_\_\_ Start Date: \_\_\_\_\_ Tuition: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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

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I \_\_\_\_\_ agree to allow the use of my child's/children's photograph to be used on Facebook, or in other forms of publications.

\*The Teddy Bear Village Inc will provide you with notice of pictures being used whenever possible. \*

Child's name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_



# Permission To Apply Topical Creams and Ointments

I give The Teddy Bear Village Inc permission to apply sunscreen on my child \_\_\_\_\_

I understand that it is my responsibility to keep sunscreen in my child's cubby.

\*\*Parents are also responsible for the first daily application. The Teddy Bear Village staff will reapply in the afternoon\*\*

Parent Signature

Date

## Permission To Apply Topical Ointment

My child \_\_\_\_\_ may have the following topical ointments used on them. I will supply the ointment and will mark it with his/her first and last name.

### PLEASE CHECK ALL THAT APPLY:

- Aquaphor
- Vaseline
- Other: \_\_\_\_\_

Parent Signature

Date

## Permission To Apply Diaper Cream

My child \_\_\_\_\_ may have diaper cream applied to skin areas as needed/with every change. I will provide diaper cream for my child and will mark it with his/her first and last name.

Parent Signature

Date