

Williams Christian Daycare Center Registration Form

Adm. Date: / /
Dischge Date: / /

1. Child's Full Name: _____ Birthday: _____ Gender: _____

2. Child's Full Name: _____ Birthday: _____ Gender: _____

3. Child's Full Name: _____ Birthday: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Mother's Full Name: _____ Home Phone: _____

Cell #: _____ Work Phone: _____ Ext. _____

Email: _____ Birthday: Month _____ Day _____

Name of Employer: _____ Occupation: _____

Business Address: _____ City: _____ Zip: _____

Work Hours: _____

Father's Full Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Cell #: _____ Work Phone: _____ Ext. _____

Email: _____ Birthday: Month _____ Day _____

Name of Employer: _____ Occupation: _____

Business Address: _____ City: _____ Zip: _____

Work Hours: _____

Please print clearly with blue or black ink.

Parent/Guardian with legal custody _____

Parents are: Married, Living Together, Divorced, Separated, Widowed or Single

**Emergency Contacts and
Pick Up Consent Form**

(Please enter complete addresses

(Who is authorized to pick up your child at the end of day or in case of emergency within 20 mile radius of daycare other than parent or guardian)

Name: _____

Relationship to Child: _____

Address: _____

City: _____

Phone: _____

Name: _____

Relationship to Child: _____

Address: _____

City: _____

Phone: _____

Name: _____

Relationship to Child: _____

Address: _____

City: _____

Phone: _____

Parent's Signature: _____

Authorizing above names for pickup at the end of the day or in case of
emergency

Emergency Release

Consent to Emergency Medical Care:

I/We authorize Williams Christian Daycare Center to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement.

_____ is the referred doctor/clinic/hospital.

Parent's Signature _____ *Date:* _____

Consent to Trips, Excursions, and Public Park Facilities:

I/We authorize Williams Christian Daycare Center. to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we understand all such trips are under the supervision of a Williams Christian Daycare Center staff and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Parent's Signature: _____ *Date:* _____

Program

Days per week _____ Hours of care: _____

Parent's Signature: _____

All the information provided on this application is true to the best of my knowledge.

Getting To Know Your Child Form

Child's Name _____

We would like to take this time to welcome you and your family to our childcare program. We hope to see you and your family often in our facility. If you could fill in the questions below to help us get to know your child a little better makes my day and your child's day run a lot smoother. It helps me to know what to expect and be prepared.

Has your child been in a child care facility before? Yes No

If yes, why did you leave that facility? _____

Was your child happy there? _____ How long was your child there? _____

What did you like best about your previous child care facility? _____

What did you like least about your previous child facility? _____

How would you describe you child's personality on a normal basis?

Happy Moody Quiet Chatty Testing

Does your child have any siblings? He/she has _____ Brothers and _____ Sisters.

Meal Time:

Is your child a picky eater Yes No

What are some of your child's favorite's foods _____

Which foods does your child strongly dislike _____

Toilet Trained:

Is your child toilet trained Yes No

What word does your child use for toilet _____

Getting To Know Your Child Form

Are we going to have a hard time getting your child down for a nap? Yes No

Do you have any ideas or a certain routine for me to follow to make nap time a more enjoyable time for your child?

Does your child have any major problems that we should be aware of? Yes No

Please describe: _____

Does your child take any kind of medication on a regular basis? Yes No

Why? _____

Will we need to administer this medication? Yes No How often _____

Does your child have any known allergies? Yes No

Please list all allergies: _____

Does your child take allergy medication? Yes No

Does your child need an inhaler? Yes No

Does your child wear glasses? Yes No

Does your child have any physical or mental disabilities? Yes No

Please explain: _____

Please note: We will not be held responsible for any damage that results from your child needing to wear glasses. Small children have a tendency to loose items and break things. We will do our best to make sure he/she takes care of their belongings.

I have filled this form out to the best of my knowledge.

Parent's Signature _____ **Date** _____