**The Little Sage School Enrollment Form**

Date:

Child’s Last Name      First Name

Middle Name

What name do you prefer us to call your child?

Child’s Age

Child’s Birthday

Address

**Contact Info:**

## Mom’s name

## Dad’s name

(Mother) Home Phone

(Mother) Work Phone

(Mother) Cell Phone

(Mother) Email

(Father) Home Phone

(Father) Work Phone

(Father) Email

Emergency Contact Person

 Relation

 Contact’s phone
Emergency Contact Person

 Relation

 Contact’s phone

Do you have a backup care provider?

**Service Information**
Beginning date needing care

Hours of care needed:

Monday

Tuesday

Wednesday

Thursday

Friday

# Your Child’s Health

CHILD'S HEALTH RECORD: (A copy of your child's immunizations and current

physical will be needed before attending school)

How would you describe the general state of the child’s health:

Doctor’s name

 Doctor’s phone number

Dentist’s name

 Dentist’s phone number

Are your child's immunizations up to date?       (The immunization records

must have a signature of the nurse or doctor that administered the medications.)

Please list your child’s known allergies?

Please list and describe any allergies, not yet determined by a healthcare professional, which you may concerned about.

Please list and describe any medical conditions your child has which we should be aware of.

Has your child experienced any of the following common childhood illnesses?

|  |  |
| --- | --- |
|  |  |
|  |  Constipation |  |   Asthma |
|  |  Convulsions |  |  Bronchitis |
|  |  Diarrhea |  |  Chicken Pox |
|  |  Fainting Spells |  |  Diabetes |
|  |  Frequent Colds |  |  Heart Disease |
|  |  Frequent Ear Infections |  |  Hepatitis |
|  |  Frequent Sore Throats |  |  Impetigo |
|  |  Lice |  |  Measles |
|  |  Ringworm |  |  Mumps |
|  |  Skin Rash |  |  German Measles |
|  |  Soiling |  |  Polio |
|  |  Stomach Upsets |  |  Scarlet Fever |
|  |  Urinary Problem |  |  Tuberculosis |
|  |  Worms |  |  Whooping Cough |

Please list and describe any speech, hearing or visual problems your child has.

Please list and describe your child’s restrictions to play or activities.

# About Your Child

Has your child ever been in child care before?

What type (center, family daycare, grandparent, etc.)?

Please describe the experience

Why are you looking for child care?

How does your child feel about daycare and being left by his/her parent?

Are there any recent traumatic situations the child has been exposed to such as

a death in the family, divorce, new sibling, etc.?

What is your normal method of discipline?

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

demanding, aggressive, etc.?

If any, what are your child’s 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?

What words does your child use for?

Bowel movements

Urination

What time does your child awaken?

What time does your child go to sleep at night?

How do they sleep through the night?

Does your child sleep in a bed or crib, other?

Are there any siblings? (Please name them and specify ages and gender.)
Name       age       gender
Name       age       gender
Name       age       gender

Name       age       gender

Please explain your child’s experience with playing with other children?

What language(s) are spoken at home?

Does your child have any security objects (blanket, soother, bottle, toy, etc.)?

What are your child’s favorite activities, toys, books, or games?

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

Any specific concerns?

Your Signature       Date

Relation to Child