

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 be 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 _____