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Enrollment / Registration Form

Child's Name: _____ Nickname: _____

Date of Birth: _____ Sex: _____

For Office Use Only

Enrollment Date: _____

Withdrawal Date: _____

Identity Verification - For Office Use Only

Place of Birth: _____ Birth Date: _____

Birth Certificate Number: _____ Date Issued: _____

Other Form of Proof: _____

Mother / Father / Guardian Information

Only individuals who have legal custody will need to be listed. If mother/father is not listed, or if the guardian is not a parent, legal proof of custody will need to be provided.

1 .Parent / Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Employer: _____

Employer Address: _____

2. Parent / Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Employer: _____

Employer Address: _____

Emergency Contact Information

Two **required** persons who may be contacted in case of illness, accident, or emergency and are authorized to pick-up the child from school if the parents or guardians cannot be reached.

1. Name: _____ Relationship: _____

Address: _____ Phone: _____

2. Name: _____ Relationship: _____

Address: _____ Phone: _____

Additional **authorized** persons to pick-up child daily: _____

Persons **NOT authorized** to pick-up child daily: _____

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

List of allergies or intolerances to foods, medication, or other substances: _____

Action to Be Taken: _____

Family Information

Mother / Guardian Occupation: _____ Father / Guardian Occupation: _____

Other family members (siblings, grandparents, etc) living at home:

Name

Age

Relationship

Health Information

What communicable diseases has the child had? (Please check all that apply)

Measels (Big Red), Measles (3 day), Mumps, Chicken Pox, Whooping Cough

Other _____

Any chronic physical problems? _____

Type of accommodations needed (if any): _____

****If special accommodations are needed, a current copy of the child's IEP or ISP is required.**

Medications / Formula

Are there any medications given on a regular basis? (Please list medication and reason for use)

Brand of infant formula (if applicable): _____

Please note: It is LBD's policy to feed infants on a demand basis unless otherwise written permission from the child's physician is provided.

Speech

Describe your child's speech: (check all that apply)

Rapid, Slow, Moderate, Clear, Talks Constantly,

Seldom Speaks, Uses Many Words, Uses Few Words

Toileting

Is your child potty trained? YES NO

Does your child have any special toileting or diapering needs? YES NO

If so, explain: _____

Sleep Patterns

What time does your child go to sleep at night? _____ Awaken? _____

Does your child walk, talk, or cry out at night? _____

Does your child take anything to bed with them? _____

Does your child take naps? ____ YES ____ NO

What are typical times of naps and duration? _____

Goals

In what ways can LBD help your child this year? _____

Briefly describe your child (personality, abilities, interests): _____
