The Little Sage School
2487 Ashley River Rd. Suite 8
Charleston, SC 29414

The Little Sage Enrollment Form

Application Date: _____

Please fill out the following form to the best of your ability. If you are filling this out for an infant or soon-to-be-born baby, please be sure to include their birthdate or approx. due date and your contact information.

Child Information:

First Name: _____ Middle Name: _____ Last Name: _____

What name do you prefer us to call your child? _____

Child's Age: _____ Child's Birthday: _____

Address: _____

Parent/Guardian Information:

Parent/Guardian 1:

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

E-mail: _____

Parent/Guardian 2:

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

E-mail: _____

Emergency Contact Information:

Emergency Contact 1:

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

E-mail: _____

Emergency Contact 2:

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

E-mail: _____

Do you have a back-up care provider? _____

Enrollment Questions:

When do you need care? _____

Hours of care needed (we are open from 7am – 6 pm):

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Your Child's Health:

A copy of your child's immunizations will be needed before attending school. Please fill out the rest to your best knowledge!

How would you describe the general state of the child's health?

_____

Doctor's name & office: _____ Phone: _____

Dentist's name & office: _____ Phone: _____

Are your child's immunizations up to date? _____

Any known allergies? _____

Please list and describe any allergies/reactions, 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 (including speech, hearing, or visual): _____

Has your child experienced any of the following common childhood illnesses? Check off any that apply.

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

Please list and describe your child's restrictions to play or activities:

_____

About Your Child:

Has your child ever been in childcare before? _____

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

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

_____

Are there any recent life changing 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/behavior correction?

_____

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

_____

If any, what are your child's food restrictions?

_____

What are your child's favorite foods?

_____

What food does your child dislike?

_____

Can your child be relied upon to indicate bathroom wishes? _____

What does your child call bowel movements? _____ Urination? _____

What time does your child awaken? _____ Go to sleep? _____

How do they sleep through the night? _____

Does your child sleep in a bed, a crib, or 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: ____

What is 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?

_____

Is there anything else you would like us to know about your child? Concerns?

_____

_____

Your signature: _____ Date: _____

Relation to child: _____