



## CHILD ENROLLMENT RECORD

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthday \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

### **Basic Information:**

Mother/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Father/ Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Child's First day of care: \_\_\_\_\_

# CHILD INTRODUCTION

Please help me get to know your child. What are his/her routines, likes, dislikes etc.

Eating \_\_\_\_\_

Sleeping \_\_\_\_\_

Toileting \_\_\_\_\_

Daily Activities \_\_\_\_\_

Fears \_\_\_\_\_

Likes \_\_\_\_\_

Dislikes \_\_\_\_\_

Habits \_\_\_\_\_

Favorites \_\_\_\_\_

Tell me a little about where your child / what other information should I know

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date