FAMILY CHILDCARE REGISTRATION FORM

Laura Lee's Little Learning Center

Child's Starting Date: _____

Child's Full Name: _____

Sex: M___ F___

Date of Birth: M_____ D_____Y_____

Address:_____

Home Phone No.: _____

Age at Time of Registration: _____

Other Name Child Responds to: _____

Child's First Language: _____ Second Language:_____

Languages Spoken at Home: _____

Parent/Guardian Information

Parent(s)/Guardian(s): _____

Place of Work: _____

Work Phone No.: _____ Cell No.: _____

Address: _____

Hrs of work: _____

Parent(s)/Guardian(s): _____

Place of Work: _____

Work Phone No.: _____ Cell No.: _____

Address: _____

Hrs of work: _____

Parents are:

___Married, ___Living Together, ___Divorced, ___Separated

Parent/Guardian with legal custody:

_____

If there is a custody agreement please give details:

_____

_____

Include the names of all persons authorized to pick up child, i.e., Mother, Father, Older Siblings, and Relatives:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Normal hours of work for person picking up child: _____

Alternate/Emergency Contacts:

Name: _____ Relationship to Child: _____

Telephone: _____ Language Spoken: _____

Name: _____ Relationship to Child: _____

Telephone: _____ Language Spoken: _____

Child's Health Information

Family doctor: _____ Phone: _____

Child's Medical (Personal ID) Number: _____

Are the child's immunizations up to date? _____Yes _____No If no,

please provide explanation _____

_____

PLEASE NOTE: ATTACH COPY OF IMMUNIZATION RECORDS TO THIS FORM

Please list any known health problems: _____Asthma _____Epilepsy

_____Hearing _____Speech or Language _____Vision

_____Other

Please describe, may need to attach care plan

_____

Does the child take any special medications?

_____

Any physical disabilities? _____Yes _____No

Has your child had any major accidents, illnesses or operations? If so, please describe and give dates: _____

_____

Parents' evaluation of child's overall health. _____

Eating

Are there any concerns regarding food that the care provider should be aware of (for example special diet due to health, religion, ethnicity, allergies)? If so, please describe: _____

_____

Child's favorite food _____

Foods disliked _____

Does child eat with Spoon_____ Fork_____ Hands_____

Sleeping

What time does your child awaken? _____

What time is bedtime? _____

Does child sleep well? _____

What is your child's napping routine? (i.e. rocking, bottle, music, story)

_____

Bathroom

Is your child potty trained? _____

Toilet Training Routine/Methods: _____

_____

Social

How does your child usually react to other care providers when parent(s) aren't around?

_____

Does child have any siblings?

_____

Has the child had experience in playing with other children?

_____

By nature is child friendly? _____Aggressive? _____

Shy? _____ Withdrawn? _____

How does your child show his/her feelings? _____

_____

Does your child have any fears? _____

What form(s) of discipline are most often used at child's home?

_____

What is your evaluation of your child's personality? _____

_____

Does your child have any pets? _____

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

_____

Additional Information

Commonly used words for toileting: _____

Persons living at home with child other than parents/guardians:

_____

Has the child had previous experience away from home?

____No ____Yes; as follows:

____Child Care ____Preschool ____Sunday School ____Other:

_____

_____

Date of Enrolment: _____

Signature of person completing this form: _____

Date form completed: _____