

## Enrollment Questionnaire

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

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Previous Childcare History:

Has your child been in childcare before? \_\_\_\_\_

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Sleeping Habits:

What time does your child usually go to bed at night? \_\_\_\_\_

What time does your child usually wake up in the morning? \_\_\_\_\_

Does your child have trouble sleeping? \_\_\_\_\_

If under 18 months, how does your child prefer to sleep (back, stomach, side)? Babies under 12mo are always laid down on their back as SIDS prevention, but if they roll on their own, we aren't going to move them!

\_\_\_\_\_

What time(s) and for how long does your child nap each day? \_\_\_\_\_

Are there any favorite items that your child needs to go to sleep each day (pacifier, pillow, blanket, teddy bear, etc.)? \_\_\_\_\_

Has your child slept in a pack-n-play or on a mat/cot? \_\_\_\_\_

What is your child's disposition upon waking (happy, clingy, slow to wake, etc.)? \_\_\_\_\_

\_\_\_\_\_

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Health History:

Has or does your child have any known health condition? \_\_\_\_\_

\_\_\_\_\_

Does your child need regular medication? If so, please explain why?

\_\_\_\_\_

Does your child have any known allergies? \_\_\_\_\_

\_\_\_\_\_

Special instructions in case of allergic reaction \_\_\_\_\_

\_\_\_\_\_

Has your child had or been exposed to any communicable diseases (chicken pox, measles, mumps, lice, etc.)? If so, please explain and provide dates.

\_\_\_\_\_

Is your child prone to any common ailments (upset stomach, frequent colds, allergies, ear infections, sore throats, nose bleeds, diaper rash etc.)?

\_\_\_\_\_

Is there any indication of hearing or vision problems? \_\_\_\_\_

Does your child have any physical or mental disabilities? \_\_\_\_\_

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Eating Habits:

Does your child have any favorite foods? \_\_\_\_\_

Does your child dislike any foods? \_\_\_\_\_

Does your child have a special diet? \_\_\_\_\_

Are there any foods your child should not be fed? \_\_\_\_\_

How does your child sit at the table (high-chair, booster seat, etc.)? \_\_\_\_\_

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General Information:

Do you understand you need to have a back-up caregiver or plan in the event that your child becomes ill and is unable to attend childcare or for provider's holidays, vacations or personal days? Initial here \_\_\_\_\_

What are your expectations from this daycare? \_\_\_\_\_

I have read the parent handbook in its entirety and agree to the rules, rates, and procedures set forth in the document. I acknowledge that the information may change and I will be given a new copy of the updated handbook and be notified of any changes in advance. I realize that rates are subject to change year to year. I understand the policies for days my child is absent and sick days for provider/provider children. I understand what constitutes an illness in my own child, and when they can and cannot attend. I understand the payment policies. I read and made note of the days the daycare will be closed and understand I need to arrange other care on those days. I understand my child cannot begin care at daycare without these forms filled out and a vaccination record due to DHS rules.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_