



ROOTED DAYCARE ENROLLMENT FORM

General Information

Date of Admission: _____

Age at Admission: _____

Date of Discharge: _____

Reason for Discharge: _____

Child's Full Name: _____ DOB: _____

Address: _____ City: _____

Zip Code: _____ Telephone Number: _____

Nickname: _____ Primary language of Child: _____

Allergies/Special Diets: _____

Name of Parent(s)/Guardian(s): _____

Home Address (if different): _____

Telephone Number: _____

Email Address: _____

Parent(s)/Guardian(s) business address or location during child care:

Parent/Guardian: _____

Parent/Guardian: _____

Where: _____

Where: _____

Telephone: _____

Telephone: _____

Cell Phone: _____

Cell Phone: _____

Instructions: _____

Instructions: _____

Emergency Contact/Authorized Pick-up Person(s)

By checking the box below, I authorize the following individual to take my child from the premises. (Please let me know at the beginning of the day if your child will be picked up by one of the authorized individuals. Thank you!

- 1) Name:_____
- Address:_____
- Telephone:_____ Cell Phone:_____
- ☐ Authorized Pick-Up Person
- 2) Name:_____
- Address:_____
- Telephone:_____ Cell Phone:_____
- ☐ Authorized Pick-Up Person
- 3) Name:_____
- Address:_____
- Telephone:_____ Cell Phone:_____
- ☐ Authorized Pick-Up Person

Anticipated Days/Times of Attendance

Day	Arrival	Departure	Day	Arrival	Departure
Monday			Thursday		
Tuesday			Friday		
Wednesday					

☐ **Copies of any custody agreements, court orders, or restraining orders (if applicable)**

Notes:_____

Written Acknowledgment of Receipt of Family Handbook

I Acknowledge that I have received the provider’s Family Handbook.

Parent/Guardian Signature

Date

Parental Visit Notice

I understand that I may visit unannounced at any time during the hours that my child is in care. *If you are looking to be a parental volunteer at the facility. You must follow our volunteer policy.*

Parent/Guardian Signature

Date

Child’s Physician / Health Care Professional

Name _____ Telephone _____

Address_____

*Information on allergies, special diets, chronic health conditions, special limitations, concerns including medications child is taking at home/school and the possible side effects:*_____

Medical Insurance Information (OPTIONAL)

Subscriber’s Name: _____ Policy #:_____

Type of Insurance: _____ Copy of Insurance Card []

What are your expectations from our child care center?

What did you like or dislike about a previous child care experience?

Tell me about your child’s personality. What are they like?

Tell me about your child’s interests. What gets them excited?

Tell me about your child’s learning needs. What areas can we help with?

Tell me about your child’s sleep patterns. Do they have a regular nap time?

Tell me about your child’s behavior. Are there any issues we should be aware of?

How do you like to handle discipline at home?
