Enrollment Form

Child's Person	al Information	1:		
Name:				
Health Care Num	nber:			
Age:		D	ate of Birth:	
Care Required Po	er Week:			
Please Specify Da	ys Per Week: (cı	oss which applica	able)	
Monday	Tuesday	Wednesday	Thursday	Friday
Parent/Guardi	an Informatio	n:		
Parent 1				
NI				
Name:				
Address:			Home #:	
			Cell #:	
			Fax #:	
Place of Work:			Work #:	
Occupation:		Email:		
Marital Status:				
			Date:	
Parent 2				
Name:				
Address:			Home #:	
			Cell #:	
			COM III	
			Fax #:	

Place of Work:		Work #:
Occupation:	Email:	
Marital Status:		
		Date:
Other than parent(s), w	ho has permission to pic	ck up child?
Name:		Relation:
Home #:	Cell #:	Work #:
Name:		Relation:
Home #:	Cell #:	Work #:

Please provide copies of court documents for any person(s) who does NOT have access to the child.

Consent Form

1) Photo Release:

a. I give/do not give (please circle one) permission for photographs of my child (ren) to be displayed within the Daycare

2) Developmental Screening:

a. I give permission of a developmental screening tool to be used with my child while in care within daycare. This will aid in my child receiving the best care possible.

3) Medical Aid/Assistance:

a. In case of an emergency, I authorize the qualified staff of KinderKollege Daycare to take any steps necessary for the benefit of my child.

4) Transportation:

a. I understand that time to time KKDC may need to transport my child by walking/yellow school bus/ public transit to field trips and hereby authorize the staff to do so.

5) Field Trips:

a. I understand that as a part of the program at the center my child will visit various community areas/amusement centers/ Library.

I,	, have read and understood the conditions
provided above.	By sending my child to KinderKollege Daycare, I am agreeing to the
conditions and co	onsent to all actions taken by the staff for the benefit of my child.

Child's Health Information

Birth Weight:		lbs	Sex:	M	F	Other
Family Doctor's Nam	ie:					
Date of most recent p	hysical exam:					
Address:			Work #:	:		
Is your child's immun	nization up to date	?				
Where was your child	l last immunized?					
Please attach a copy of	of your immunizat	ion card.				
,	d have any special please specify:	needs?				
,	d have any allergic please specify:	es including dr	ug reactio	ns?		
a.	d take any medica	tion?				
4) Which of the f ones that apply	following condition y):	s are applicabl	e to your (child? (C	Cross the	
Constipation		Asthma				
Convulsions		Bronchitis				ı
Conjunctivitis (pink		Chicken Pox				1
eye)						ĺ
Diarrhea		Diabetes				1
Fainting Spells		Heart Disease				1
Frequent Colds		Hepatitis				1
Frequent Ear		Impetigo				1

Measles

Mumps

Infections
Frequent Sore

Throats
Ringworm

Skin Rash	German Measles	
Soiling	Scarlet Fever	
Stomach Upsets	Tuberculosis	
Urinary Problem	Whooping cough	

If there are other conditions not present in the list, please specify:

Daycare Policy

Nondiscrimination:

We will not discriminate in relation to admissions of any child on the basis of race, creed, color, national origin, religion, sex, or disability.

Daycare Rules:

- a. No shoes past the foyer. This means children and parents.
- b. The children will be taught by example here, to have respect for themselves and each other. They will also be taught to respect our property and possessions.
- c. Any negative behavior will not be allowed. This includes but is not limited to: hitting, punching, kicking, biting, throwing anything at friends, bad language, etc.

Clothing:

- a. Do not send your child to daycare in "dress clothes". Play clothes only. Although we will try our best to keep children clean, even in the best of circumstances...accidents happen.
- b. Make sure your child has a complete change of clothing here at all times, including underwear and socks. Please provide a different change of clothes should the one here be used or if the season changes.
- c. Do not bring your child in sandals or flip-flops. Only shoes that cover the entire foot should be worn. During the summer months, we will on occasion make use of wading pool, sprinkler, or water toys. You will be notified in advance. Please provide a swimsuit or swim diaper, if you wish for your child to participate.
- d. During the winter months, make sure your child has the appropriate clothing. This includes a jacket, snow pants, boots, mittens, and a hat (a hood that ties is not a substitute for a hat). If you would like to leave a spare hat and mittens here, it's fine.

Quiet Time:

- a. Every day between 1:00-2:30 pm, we have quiet time. All younger children will lay down to rest. Older children will be given quiet time activities (coloring supplies, puzzles, etc.)
- b. Items from home, your child may bring a special blanket or stuffed animals for quiet time. Please do not allow your child to bring anything else into the daycare setting. No toys, candy, money, etc.

Late Policy:

I will pick my child up by 5:30 pm, and I agree to a late fee of \$2.00 for the first five minutes and \$1.00 for every five minutes onwards.

I, , have read and understood the conditions provided above. By sending my child to KinderKollege Daycare, I am agreeing to the specified conditions.

Additional Information

Has your child had experience playing with other children?

Please give a brief description of your child's behavior. Is he friendly by nature, aggressive, shy, withdrawn, imaginative, demanding, and etc?		
How does your child show his/her feelings? a. When afraid:		
b. When happy:		
c. When angry:		
d. When intolerant:		
What disciplinary measures are taken for your child at home?		
How does your child feel about daycare and being left by his/her mommy/daddy?		
Has your child ever been exposed to trauma?		
What language(s) are spoken at home?		
Does your child have any security objects such as blanket, soother, bottle, toy, etc.?		
What is your child's reaction when he is distressed? (Sickness, scared, etc)		

Is there a particular activity that your child enjoys the most? (Reading, playing, etc)
Are there any other comments or information you would like to let us know about?
Is your child visually, audibly impaired or have a speech impediment?
Has your child even been tested for the above?
Age your child began to: a. Sit
b. Crawl
c. Walking
d. Talk
Were there any difficulties with speech? If yes, please specify:
Have you ever made any special arrangement for child's care during illness?
If yes, please specify:
What is your child's favorite food?
What food does your child dislike?
Are there any food restrictions? If yes, please specify:

Child's favorite color:
Child's favorite song:
Does your child know? a. Basic shapes:
b. ABC's:
c. Colors:
d. Numbers:
Does your child eat with a: a. Spoon
b. Fork
c. Hands
Does your child have any fears related with toileting?
What words does your child use for: a. Bowel movements:
b. Urination:
What time does your child awaken?
What time does your child go to sleep at night?
Do they sleep through the night?
Does your child sleep in a bed or crib, other?
What are your hopes/ expectations for your child here?