



Little Lakers Child Care Center
Toddler & Preschool Registration Form

Child's Information

Child's Name:

Child's Nickname (if they have one):

Date of Birth:

Home Address:

Days & Hours Expected to Attend

	Monday	Tuesday	Wednesday	Thursday	Friday
drop off					
pick up					

Requested start date: _____

How did you hear about us? _____

Family Information

Important people and their relationship to the child (parents, siblings, grandparents, aunts, uncles, family friends):

Pets or animals at home and their names:

Primary language spoken at home:

Social/Emotional Development

Description of the child's temperament (ie. outgoing, friendly, enjoys playing alone):

How does the child show their feelings?

Excitement: _____

Frustration: _____

Fear: _____

Anger: _____

Does the child separate easily?

Is the child afraid of anything?

Favorite toys, blankets, or soothing objects:

Have they spent time with other children? If so, in what setting?

Some favorite activities:

Some least favorite activities:

How discipline is handled in the home:

What characteristics of the child's development would you like encouraged?

What characteristics of the child's development would you like discouraged?

Sleeping & Rest

The child usually naps _____ times per day (skip if they do not nap)

from _____ to _____

from _____ to _____

from _____ to _____

The child sleeps at night from _____ pm to _____ am

Where does the child usually sleep?

Special items the child sleeps with:

Self Care & Diapering

If they are in diapers, what type do they use?

Special requests during diapering routine (ie, creams, powders):

Are they prone to diaper rash?

Has potty training begun? If so, do they need reminders or help?

Food

Allergies or sensitivities:

Describe the child's appetite:

Some favorite foods:

Some least favorite foods:

Can the child feed themselves?

Typical times they eat:

Breakfast: _____

Lunch: _____

Dinner: _____

Comments & Insight

Describe anything about the child that would help the teachers better understand them and give them the best care possible:

Health Information

Primary care doctor's name & address :

Primary care doctor's telephone:

Dentist's office name & address:

Dentist's office's telephone:

Medication Administration Permissions

	APPROVE	DOES NOT APPROVE
prescription and non-prescription medicines		
diapering products		
sunscreen lotions		
insect repellents		

My signature allows Little Lakers Child Care Center to act in an emergency if a parent or guardian cannot be reached or contact is delayed:

Printed name: _____

Signature: _____

Contact Information

Best contact method & who to contact first:

Primary Family Contact

Name: _____

Relationships to child: _____

Phone: _____

Email Address: _____

Primary Family Contact

Name: _____

Relationships to child: _____

Phone: _____

Email Address: _____

Emergency Contact (aside from primary)

Name: _____

Relationships to child: _____

Phone: _____

Emergency Contact (aside from primary)

Name: _____

Relationships to child: _____

Phone: _____

Family Handbook

My signature indicates that I have received Little Lakers Child Care Center's family handbook and understand the content including my rights and responsibilities:

Printed name: _____

Signature: _____

Photography & Observation Permissions

I give permission to Little Lakers Child Care Center to take photographs and videos of my child and to use them in classroom displays and my child's brightwheel feed. I understand that they may be identified by name.

- YES
- NO

I give permission to Little Lakers Child Care Center to take photographs and videos of my child and to use them in promotional materials (e.g. Little Lakers Facebook page) and the center's website.

- YES
- NO

I give permission to Little Lakers Child Care Center to allow observation of my child by visitor centers, early childhood professionals, college students, and high school students.

- YES
- NO

parent/caregiver name

parent/caregiver signature

date