



Little Lakers Child Care Center
Infant 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:

If your child takes their first steps here, would you like to be notified?

Social/Emotional Development

Description of the child's temperament (ie. colicky, likes to cuddle):

Signs the child is hungry, tired or overstimulated:

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:

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

If the child cries before falling asleep, how long do they usually cry for?

Where does the child usually sleep?

Special items the child sleeps with (note: children under 1 year old **CANNOT** have anything in their crib with them except for a nuk if they use one):

Diapering

What type of diapers does the child use?

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

Are they prone to diaper rash?

Food

Allergies or sensitivities:

Does the child get breastmilk or formula?

Describe the child's eating schedule including times and amounts:

Best position for bottle feeding:

Best position for burping:

Has the child been introduced to solid foods?

You will have a chance to meet with your child's teacher to talk about their specific menu and dietary needs. Each child in the infant room has their own menu.

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 (ie. 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