

ENROLLMENT FORM

CHILD INFORMATION

Child's Name _____ Date of Birth _____ Nickname _____
 My child will be DROPPED OFF at approximately _____ and PICKED UP at approximately _____
 Days of Attendance M T W Th F Start Date _____
 Sex Male Female School District in which you live _____
 Street Address _____ State _____ Zip _____
 Have you had a school tour? Yes No If yes, when? _____
 How did you hear about Jack & Jill _____ Name of referring family _____

PARENT/GUARDIAN INFORMATION

1 PARENT/GUARDIAN

Name _____ SSN _____
 Cell Phone _____
 Work Phone _____
 Other (home) _____
 Occupation _____
 Employer _____

2 PARENT/GUARDIAN

Name _____ SSN _____
 Cell Phone _____
 Work Phone _____
 Other (home) _____
 Occupation _____
 Employer _____

Parents are Same Residence Separated Divorced Widow/Widower

If separated or divorced, who does the child live with? _____

EMERGENCY ALTERNATIVE & AUTHORIZED PICK UP

1 ALTERNATE

Name _____
 Cell/Primary Phone _____
 Address _____

2 ALTERNATE

Name _____
 Cell/Primary Phone _____
 Address _____

Is there anyone specific who should NOT pick up your child? Yes No If yes, whom? _____

HOME ENVIRONMENT

Siblings

Name _____	Age _____	Date of Birth _____
Name _____	Age _____	Date of Birth _____
Name _____	Age _____	Date of Birth _____
Name _____	Age _____	Date of Birth _____

Other adults living in the home

Name _____	Relationship _____
Name _____	Relationship _____

HEALTH

Has your child had any past surgeries? Yes No If yes, explain _____

Any past illnesses? Yes No If yes, explain _____

Any medications given on a regular basis? Yes No Type _____ Reason _____

Any of the physical conditions below? If yes, explain _____

Respiratory Orthopedic Heart Visual Hearing Allergies Seizures Other

HEALTHCARE PROVIDER

Physician/Provider _____

Phone _____

Street Address _____

City _____ State _____ Zip _____

Dentist _____

Phone _____

Street Address _____

City _____ State _____ Zip _____

SPECIAL NEEDS (CHECK & DESCRIBE ANY SPECIAL DEVELOPMENTAL NEEDS YOUR CHILD HAS THAT WE SHOULD BE AWARE OF)

Speech/Language Self-Help Skills Emotional Needs Behavioral Concerns Motor Development

Attention Span Social Development Details _____

MISCELLANEOUS

Does your child take a regular nap? Yes No If so, what time? _____

Anything unusual about your child's sleeping habits? _____

Describe your child's appetite _____

Favorite foods _____ Food dislikes _____

Any unusual eating habits? _____ Any food allergies? _____

YOUR EXPECTATIONS

What do you want most out of your child's experience at Jack & Jill? _____

Areas of development that you want to see emphasized? _____

Any other information about your child that you consider important? _____

TODDLER-PRESCHOOL DEVELOPMENT

Social/Emotional Development

Does your child have playmates? Yes No If so, what ages/gender? _____

Describe previous childcare or group experiences that your child has had _____

Briefly describe your child's social behavior (cautious, aggressive, friendly, shy, etc.) _____

Word(s) that describe your child Easily Angered Whining Crying Temper tantrums Cheerful Stubborn

Cooperative Quiet Independent Active Fights often Gives in easily Wants own way Happy

Any frustrating/difficult behaviors? Yes No If yes, explain _____

What makes your child frustrated or upset? _____

Describe discipline used at home _____

Is your child adopted? Yes No At what age? _____ Has the child been told? Yes No

Anything else we should know about the adoption? _____

Describe any fears child may have and how you have dealt with them _____

What are your child's favorite play activities? _____

Describe your child's special interests _____

Motor Development

Motor activities child enjoys _____

Motor activities child is cautious about _____

Child is Left Handed Right Handed Not Sure

You consider your child Under Achiever Average Overactive

Other comments about your child's motor development _____

Toilet Training

Child is Bladder Trained Bowel Trained

Child's word for urinating _____

Child's word for bowel movement _____

Any concerns in this area? _____