



CHILD INFORMATION ENROLLMENT FORM

Child's Name		Sex	Date of Birth
Name(s) of persons with whom the child lives			
Relationship		Home Telephone	Cell Phone
Home Address	City	State	Zip
Mother/Guardian's Place of Employment		Business Phone Number	
Father/Guardian's Place of Employment		Business Phone Number	

In case of emergency, if parent/guardian cannot be reached, list in order of preference person(s) to notify

Name	Telephone	Relationship

Persons Having Permission to Pick up Child

Name	Telephone	Relationship

Persons Who *MAY NOT* pick up Child: _____

Health

Child's Physician or Clinic	Address	Phone Number
Occupational Therapist		
Physical Therapist		
Speech Therapist		
Dentist		

Does your child have an IEP? Yes No If "YES" please include a copy

Child has a special physical condition? Yes No Medical Concerns? Yes No Other:

Describe:

Allergies: Please Describe

Food	Airborne	Other:
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Meals

Feeds Self? Yes No	If "Yes" uses: Spoon Fork Hands	*Other:
Meal Time Challenges? Yes No	If "Yes" specify:	

***Meals/Other: G-Tube; Positioning etc**

Toileting:

Toilet Training Attempted? Yes No	If "Yes" describe routine	
Regular Bowel Movements? Yes No	How Often/Times of Day?	Other Toileting Concerns:

Verbal Communication

Family Speaks What Language?	Child Speaks in: Words Sentences	Age Child Began Talking
Child Communicates With Sign Communication Device Other	If "Other" Please Describe	

Comforting

Does Child Have a "fussy time"? Yes No	If "Yes" specify	How is "fussy time" handled?
Child likes to be: Held Sung To Rocked Read To Other:	Special Things You Say or Do to Comfort Your Child:	
Current Sleep Schedule:	Sleep Problems/Concerns	

Self Expression

What causes your child to feel frustrated or angry? How is it expressed?
What frightens your child and how is it shown?
How does your child express feelings of happiness, pleasure?

Physical/Social Development

Is Your Child Able To: (circle) Sit up alone Pull Up Crawl Walk holding on Walk without support	
Does Your Child Use Any Assistive Devices? Describe	
Has your child attended daycare before? Yes No	Is your child used to playmates? Yes No

Miscellaneous:

Child's Favorite Indoor/Outdoor Activities	Restrictions/Precautions:
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Permissions: Please Initial:

I give permission for my child to be transported by Special Kids staff:
to nearest medical facility if a medical emergency occurs & I cannot be reached
on field trips
to & from school
to & from home
other (please specify)
<i>I DO NOT give permission for my child to be transported</i>
I hereby give my consent for emergency care or treatment to be used only if I cannot be reached immediately
I give permission to Special Kids to consult with health & child development professionals regarding my child's needs
I give Special Kids permission to use photographs of my child, my self, in Special Kids promotional material printed or written as well as on the Special Kids' web site. <i>No identifying information will accompany the use of any photograph.</i>

I have read the information contained in the Special Kids parent information handbook and agree to comply with the rules and regulations stated therein. I am enrolling my child in the Special Kids Day Care Program beginning (date) _____ for the hours of _____ (circle) a.m. p.m. to _____ (circle) a.m. p.m. on M T W TH F.

Parent/Guardian Signature

Date _____

Check List:

Enrollment Fee Immunization Records