



**ENROLLMENT PACKET**

*Please fill out these forms completely. If a question does not apply to your child, write N/A (not applicable). The forms must be in the director's possession on or before the first day your child begins care. Please notify your director if any of the information changes.*

**GENERAL INFORMATION**

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Nickname: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Primary Language of Child: \_\_\_\_\_ Primary Language of Parents: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Days Of Care: Mon Tues Wed Thurs Fri Hours of Care: From \_\_\_\_\_ To \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION/ALTERNATE PICK-UP FORM**

*In the event of an emergency when I may not be reached, the director may contact the following individuals (in the order given) whom I authorize to take my child from the child care premises.*

(1) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Allowed to Pick-Up My Child: Yes \_\_\_\_\_ No \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Allowed to Pick-Up My Child: Yes \_\_\_\_\_ No \_\_\_\_\_

(3) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Allowed to Pick-Up My Child: Yes \_\_\_\_\_ No \_\_\_\_\_

**\*Attach copies of any custody agreements, court orders, restraining orders (if applicable). Please note what paperwork you have attached to this enrollment packet: \_\_\_\_\_**

**Parent/Guardian's Name Printed: \_\_\_\_\_**

**Parent/Guardian's Signature: \_\_\_\_\_**

Date: \_\_\_\_\_

DEVELOPMENTAL HISTORY & BACKGROUND INFORMATION

PERSONAL HISTORY

Any Siblings? \_\_\_\_\_ Number of Siblings: Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

Sibling Name(s) \_\_\_\_\_

Do you have pets? \_\_\_\_\_ Name(s) \_\_\_\_\_ Type(s) \_\_\_\_\_

Has your child had any other child care experiences? \_\_\_\_\_

What types of activities do you do together with your child? \_\_\_\_\_

What type of things does your child do well? \_\_\_\_\_

What are your child's special interests? \_\_\_\_\_

What are your child's dislikes? \_\_\_\_\_

Is your child enrolled in any classes? \_\_\_\_\_ Type of class \_\_\_\_\_

Are other languages spoken around the child? \_\_\_\_\_ Which? \_\_\_\_\_

Age he/she began: Sitting \_\_\_\_\_ Crawling \_\_\_\_\_ Walking \_\_\_\_\_ Talking \_\_\_\_\_

Is he/she a good climber? \_\_\_\_\_ Does he/she fall easily? \_\_\_\_\_

Does he/she speak in words? \_\_\_\_\_ Sentences? \_\_\_\_\_ Does he/she have difficulty speaking? \_\_\_\_\_

Special words to describe his/her need(s) \_\_\_\_\_

EATING HABITS

At what time does your child normally eat meals?: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_

Dinner \_\_\_\_\_ Snack time(s) \_\_\_\_\_

What are his/her favorite foods? \_\_\_\_\_

What foods are refused? \_\_\_\_\_

Does your child have food allergies? \_\_\_\_\_ What are they? \_\_\_\_\_

---

Does your child have any problems eating? \_\_\_\_\_ Explain \_\_\_\_\_

---

**TOILET HABITS**

Toilet training started? \_\_\_\_\_ Accomplished? \_\_\_\_\_ Is/Was the process easy or difficult? \_\_\_\_\_

Please describe any particular procedure you are using to toilet train: \_\_\_\_\_

---

Can your child be relied upon to indicate his/her bathroom needs? \_\_\_\_\_

What word is used for urination? \_\_\_\_\_ Bowel movements? \_\_\_\_\_

Does your child need assistance in the bathroom? \_\_\_\_\_ Is he/she afraid of the bathroom? \_\_\_\_\_

Does your child need to go to the bathroom more frequently than normal for his/her age? \_\_\_\_\_

Does the child wet the bed when sleeping? \_\_\_\_\_ If so, how often? \_\_\_\_\_

Are disposable or cloth diapers, or pull-ups used? \_\_\_\_\_

Is there a frequent occurrence of diaper rash? \_\_\_\_\_ How is it treated? \_\_\_\_\_

Are bowel movements regular? \_\_\_\_\_ How many per day? \_\_\_\_\_

Is there a problem with diarrhea? \_\_\_\_\_ Constipation? \_\_\_\_\_

Is your child ever reluctant to use the bathroom? \_\_\_\_\_

**SLEEPING HABITS**

When is bedtime? \_\_\_\_\_ Wake up? \_\_\_\_\_

What does he/she usually take to bed with him/her? \_\_\_\_\_

What is his/her mood upon awakening? \_\_\_\_\_

Does your child become tired or nap during the day (include when and how long)? \_\_\_\_\_

---

Does he/she have his/her own room? \_\_\_\_\_ Own bed? \_\_\_\_\_ Still Sleeps in Crib? \_\_\_\_\_

Does he/she walk, talk or cry during sleep? \_\_\_\_\_ Please describe: \_\_\_\_\_

**SOCIAL RELATIONSHIPS**

Has your child had any experience playing with other children? \_\_\_\_\_

How does he/she get along with siblings? \_\_\_\_\_

Does your child prefer to play alone or with children his/her own age? \_\_\_\_\_

Does he/she know any other children in this daycare center? \_\_\_\_\_

How does he/she react to unfamiliar adults? \_\_\_\_\_

Does your child demand a lot of adult attention? \_\_\_\_\_

What makes him/her mad or upset? \_\_\_\_\_

How does your child show feelings? \_\_\_\_\_

What do you find is the best way of comforting your child? \_\_\_\_\_

What methods of discipline are used at home? Explain. \_\_\_\_\_

What type of physical activities does your child enjoy? \_\_\_\_\_

Is your child frightened of any of the following?: Animals \_\_\_\_\_ Unfamiliar adults \_\_\_\_\_ Storms \_\_\_\_\_

Other children \_\_\_\_\_ Loud noise \_\_\_\_\_ The dark \_\_\_\_\_ Storms \_\_\_\_\_ Insects/bees \_\_\_\_\_

Other: \_\_\_\_\_

What activities does your child enjoy?: Being read to \_\_\_\_\_ Listening to music \_\_\_\_\_ Puzzles \_\_\_\_\_

Painting/drawing \_\_\_\_\_ Playing outdoors \_\_\_\_\_ Building with blocks \_\_\_\_\_ Painting/drawing \_\_\_\_\_

Clay/dough \_\_\_\_\_ Other: \_\_\_\_\_

Briefly describe your child's personality traits and abilities. \_\_\_\_\_

What would you like your child to gain from this child care experience? \_\_\_\_\_

---

**MEDICAL HISTORY**

*Please notify the director if any of the following information changes. Also, have your child's doctor to update our Child Health Report form.*

Does your child have any medical conditions we should be aware of? \_\_\_\_\_

Does your child need medication for his/her medical condition(s)? Please check one: Yes \_\_\_\_\_ No \_\_\_\_\_  
*If you checked 'yes', please see Medication Log form.*

Does your child have any known allergies? Please List. \_\_\_\_\_

Special instructions in the event of an allergic reaction: \_\_\_\_\_

Does your child have any speech, hearing or visual problems? \_\_\_\_\_

Does your child have any mental or physical disabilities? \_\_\_\_\_

Would there be any restrictions to play or activities? \_\_\_\_\_

Does your child have any problems with any of these? (Please Circle)

- Constipation
- Convulsions
- Diarrhea
- Fainting Spells
- Frequent Colds
- Frequent Ear Infections
- Frequent Sore Throats
- Lice
- Ringworm
- Skin Rash
- Soiling
- Stomach Upsets
- Urinary Problem
- Worms

Has your child had any of these diseases? (Please Circle)

- Asthma
- Bronchitis
- Chicken Pox
- Diabetes
- Heart Disease
- Hepatitis
- Impetigo
- Measles
- Mumps
- German Measles
- Polio
- Scarlet Fever
- Tuberculosis
- Whooping Cough

**THANK YOU FOR SHARING THIS HELPFUL INFORMATION WITH US SO WE CAN BETTER UNDERSTAND THE INDIVIDUALITY OF YOUR CHILD.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Tennessee Department of Human Services  
Influenza Information Notification Form**

PUBLIC CHAPTER 687 requires the Department of Human Services and the Department of Health to work together to educate parents of children in child care agencies regarding the importance of immunizing their children against influenza. The Department of Human Services works with child care agencies to ensure that this information is distributed annually to parents in August or September.

I/We acknowledge that we have received information on the importance of immunizing children against influenza.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_