

# ZASHY DAYCARE

## Enrollment Form

Name of Child \_\_\_\_\_ Date \_\_\_\_\_

Child's age \_\_\_\_\_

Child's Birthday \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

### **Contact Info:**

Mom's name \_\_\_\_\_

Father's name \_\_\_\_\_

(Mother)Home Phone \_\_\_\_\_

(Mother)Work Phone \_\_\_\_\_

(Mother's) Cell Phone \_\_\_\_\_

(Mother's) Home Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Post Code \_\_\_\_\_

(Father)Home Phone \_\_\_\_\_

(Father)Work Phone \_\_\_\_\_

(Father's) Cell Phone \_\_\_\_\_

(Father')Home Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Post Code \_\_\_\_\_

Primary Emergency Contact Person Name \_\_\_\_\_

Emergency Contact Home Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Post Code \_\_\_\_\_.

Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_

Second Emergency Contact Person Name \_\_\_\_\_

Emergency Contact Home Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Post Code \_\_\_\_\_.

Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_

Do you have a backup care provider? \_\_\_\_\_

**Service Info:**

Beginning date needing care \_\_\_\_\_

Hours: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Times you plan to drop your child off \_\_\_\_\_

Times you plan to pick up your child \_\_\_\_\_

**Your Child's Health**

CHILD'S HEALTH RECORD: (A copy of your child's immunizations and current physical will be needed)

General state of health:

\_\_\_\_\_  
\_\_\_\_\_

Doctor's name \_\_\_\_\_

Doctor's phone number \_\_\_\_\_

Dentists' name \_\_\_\_\_

Dentists' Phone Number \_\_\_\_\_

Alberta Health Card# \_\_\_\_\_

Does your child currently take any medication? (if yes please provide details below of medication and the doctor who prescribed the medication).

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Are your child's/ Children immunizations up to date? \_\_\_\_\_ (if possible please attach a copy of immunizations. This should include the signature of nurse or doctor who administered medications.)

Does your child have any known allergies?

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Are you concerned that your child may be prone to any type of allergies? \_\_\_\_\_  
Describe:

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Does your child have any medical conditions which staff should be made aware of?

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Has your child had the following common childhood illnesses?  
(please circle)

Does your child have any problems with any of these?

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?

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

Does your child suffer from any speech, hearing or visual impairment?

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Would there be any restrictions to play or activities?

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### **About Your Child**

Has your child ever been in daycare before? \_\_\_\_\_ What type (center, family daycare, grandma etc.) \_\_\_\_\_

Was it a positive experience? \_\_\_\_\_

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Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?

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What is your normal method of discipline?

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What is your child's personality? What important things should we be aware of to help your child transition into their new environment?

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Are there any food restrictions?

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What is your child's favorite food?

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What food does your child dislike and why?

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Is your child confident in using the bathroom and are they capable of indicating bathroom wishes?

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What words does your child use for: Bowel movements \_\_\_\_\_ and urination\_\_\_\_\_?

What time does your child wake up in the mornings? \_\_\_\_\_

What time does your child nap in the day?\_\_\_\_\_

Are there any siblings? Please name them and specify ages and gender.

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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What language(s) are spoken at home?

\_\_\_\_\_

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Does your child have any security objects such as a blanket, soother, bottle, toy etc. ?

\_\_\_\_\_

\_\_\_\_\_

What are your child's favorite activities, toys, books, or games?

\_\_\_\_\_

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Are there any other comments or information you would like to let me know about?

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\_\_\_\_\_

Any specific concerns? \_\_\_\_\_

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