

3.5. CHILDCARE ENROLLMENT FORM

Child's Name _____ Birth Date _____

Parent's Name _____

Address _____

Phone Number _____ E-mail Address _____

Siblings who will also be in nursery _____

Emergency Contact _____ Phone Number _____

Is your child potty trained? Yes No

Is your child able to go to the bathroom by him/herself? Yes No

Are you in the process of potty training? Yes No

If so, please provide a change of clothing and let us know how to best assist your child.

Please list any allergies / sensitivities (including food).

Please list any important medical information.

Will your child need a nap or bottle? If so, please give detailed instructions.

Please list anything that can help us make your child feel comfortable in the nursery.

Please list any other information you would like us to know about your child.