



Start Date \_\_\_\_\_

Class Assigned \_\_\_\_\_

(For Office Use Only)



**Enrollment Form**

Child's Legal Name \_\_\_\_\_ Name Used \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Child's Address \_\_\_\_\_ Zip code \_\_\_\_\_

**Child's Family Information**

Father/Guardian Name \_\_\_\_\_ Mother/Guardian Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Cell Phone Carrier \_\_\_\_\_ Cell Phone Carrier \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Employer Phone \_\_\_\_\_ Employer Phone \_\_\_\_\_

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

If parents live apart, who is the primary caregiver? \_\_\_\_\_

Are there specific custody agreements that we should be aware of? \_\_\_\_\_

What is the primary language spoken in the home? \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**Authorized Pick Up: Identification May Be Required**

Contact Person 1 \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Contact in case of emergency: Yes \_\_\_\_\_ No \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

Contact Person 2 \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Contact in case of emergency: Yes \_\_\_\_\_ No \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

Contact Person 3 \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Contact in case of emergency: Yes \_\_\_\_\_ No \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

Contact Person 4 \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Contact in case of emergency: Yes \_\_\_\_\_ No \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

**PLEASE LIST ANY ADDITIONAL AUTHORIZED CONTACTS ON SEPARATE SHEET OF PAPER**

**Medications (Please note, a physicians health form and physical is required for enrollment-all medications and allergies should be listed on that form)**

**Prescription Medication (and dosage)**

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

**Known Allergies (must be documented by a physician)**

\_\_\_\_\_

REACH Early Learning has my permission to apply preventive products such as sunscreen and insect repellent on my child.

Please do not apply the following creams: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

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



## Family Information

**In order to serve the needs of your child to the best of our ability, it is imperative that we know as much about them as we can. Please take the time to fill out this form as completely as you can. Please add ANY pertinent information to you believe might be helpful in serving your family.**

Child's Name: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**Your Child's Family:**

Parent or Guardians

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Education (highest grade completed and degrees): \_\_\_\_\_

Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Education (highest grade completed and degrees): \_\_\_\_\_

Occupation: \_\_\_\_\_

Please list the names and relationship of others who live in your home:

Name	Relationship	Birth Date	Grade (if in school)

What is your child's primary spoken language? \_\_\_\_\_

Are there other languages being used with your child? \_\_\_\_\_

If so, what is the language? \_\_\_\_\_

What is your family's country of origin? \_\_\_\_\_

Are there holidays that your family celebrates specific to your country or origin if it is outside of the United States? \_\_\_\_\_

Is there anything regarding your family, extended family or child that you would like to share with us?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have any of your children attended REACH Early Learning in the past? \_\_\_\_\_

Do you have any other relatives that have attended REACH Early Learning? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Your Child's Development

Do you have any concerns about your child's development? Yes \_\_\_\_\_ No \_\_\_\_\_

Hearing \_\_\_\_ Vision \_\_\_\_ Language \_\_\_\_ Gross Motor \_\_\_\_ Fine Motor \_\_\_\_ Social \_\_\_\_ Other \_\_\_\_

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

### Toileting

Does your child have bladder control? \_\_\_\_\_ Child's terminology \_\_\_\_\_

Does your child have bowel control? \_\_\_\_\_ Child's terminology \_\_\_\_\_

Is your child potty trained? Yes \_\_\_\_ No \_\_\_\_ Pull ups \_\_\_\_\_ Brand Name \_\_\_\_\_

**Please Note:** Your child must be potty trained/training and using underwear or pull ups with side tabs at a minimum to attend Preschool. We do not have the capability, tools or training to service children in diapers or in the changing of pull ups. All children will be **assisted** in changing their pull up if needed. The goal is to help families in the process of potty training, however, each family will be strongly encouraged to have their child FULLY potty trained (with the exception of occasion accidents) before their child's start date. Pull ups and/or underwear must be supplied by the family.

How does your child let you know that it's time "to go"?

Does your child need regular reminders to use the bathroom? Yes \_\_\_\_\_ No \_\_\_\_\_

### Sleeping

Does your child nap? \_\_\_\_\_ How many times per day? \_\_\_\_\_ How long? \_\_\_\_\_

Does your child sleep with a special blanket, toy, or other important item? \_\_\_\_\_

**Please Note:** In an attempt to minimize the transportation of germs, REACH Early Learning does not allow any outside toys, dolls, etc. from home. A "bedtime buddy" will be provided to your child if needed for naptime for use while at school.

Are there specific bedtime routines at home?

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

Where does your child sleep at home?

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

### Eating

Is your child on any special diet?

\_\_\_\_ Vegetarian \_\_\_\_ Lactose free \_\_\_\_ Vegan \_\_\_\_ Other \_\_\_\_\_

Does your child have any food allergies? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

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

What does your child use to drink?

\_\_\_\_ Sippy cup \_\_\_\_ Regular cup \_\_\_\_ Other: \_\_\_\_\_

How often does your child eat? \_\_\_\_\_

**Social and Emotional Development**

Has your child participated in any group experiences? \_\_\_\_\_

Where? \_\_\_\_\_ Was this a positive experience for your child? \_\_\_\_\_

Has your child been in childcare before? \_\_\_\_\_

When you are away, who typically cares for your child? \_\_\_\_\_

Is your child comfortable in group situations? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your child's regular routine when at home? \_\_\_\_\_

What kinds of activities does your child enjoy? \_\_\_\_\_ Are there activities your child avoids? \_\_\_\_\_

How would you describe your child's temperament and personality? \_\_\_\_\_

What soothes your child? \_\_\_\_\_

What frightens your child? \_\_\_\_\_

Does your child have any favorite songs or games that comforts them? \_\_\_\_\_

Does your child have a favorite book? \_\_\_\_\_

Does your child have a favorite television program? \_\_\_\_\_

How long does your child watch television each day? \_\_\_\_\_

Does your child have opportunities to use technology? \_\_\_\_\_

Does your child have computer games he/she enjoys playing? \_\_\_\_\_

How long do they play computer games each day? \_\_\_\_\_

Does your family have any pets? \_\_\_\_\_

Is there anything we should know about your child's play with other children or by themselves?

Please list any concerns. \_\_\_\_\_

**Discipline**

In most circumstances, do you consider your child easily managed, fairly easy to manage, or difficult to manage? \_\_\_\_\_

What concerns do you presently have about your child? \_\_\_\_\_

How are these concerns dealt with? \_\_\_\_\_

**Parent's Impression and Attitudes**

From your point of view, what were the events which seemed to have had the greatest impact on your child (moving, births, deaths, severe illness of family members, divorce)? \_\_\_\_\_

How do you describe your child at the present time? What changes have you seen in your child during the past year? \_\_\_\_\_

Does your child have any behavior characteristics which you hope will change? Please describe.

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What are your expectations or hopes for your child at our care facility? \_\_\_\_\_

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What are your expectations for REACH Early Learning and its staff members? \_\_\_\_\_

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Signature(s) of person(s) completing this registration form:

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

**Please Note:** Portions of registration forms must be updated immediately if there are changes in important information such as a phone number, address, allergy, etc.