



## About Your Child

1. What Foods does your child especially like? \_\_\_\_\_
2. Especially dislike? \_\_\_\_\_
3. Favorite toys, games, activities \_\_\_\_\_
4. Is your child toilet trained? \_\_\_\_\_ What words does your child use for toilet? \_\_\_\_\_
5. How does your child express anger or frustration? \_\_\_\_\_
6. Does your child have any special fears? \_\_\_\_\_ Explain \_\_\_\_\_
7. When your child is upset, what helps to comfort him/her? \_\_\_\_\_
8. How do you discipline your child? \_\_\_\_\_
9. Has your child been taking an afternoon nap? \_\_\_\_\_ If so how long? \_\_\_\_\_ If not, why? \_\_\_\_\_
10. Special toy or blanket for nap? \_\_\_\_\_
11. Special family situations? (such as custody specifications, problems arising from situations, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Anticipated adjustment problems? \_\_\_\_\_
13. Any disorders/developmental (slow, advanced) diagnosed or suspected? \_\_\_\_\_
14. Name of Previous childcare center, child has attended: \_\_\_\_\_
15. Any problems at previous daycares? \_\_\_\_\_
16. Expectations of Little Sprouts Day Academy? \_\_\_\_\_
17. Other Comments? \_\_\_\_\_





**Contacts:**

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

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Name	Address	Work#	Home#	relationship to
child				

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Name	Address	Work#	Home#	relationship to
child				

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Name	Address	Work#	Home#	relationship to
child				

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Name	Address	Work#	Home#	relationship to
child				

**Helpful Information About Child:**

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- ◆ Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) **within 7 days of enrollment.**
- ◆ Section 402.3125(5), F.S., requires that the parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24).
- ◆ Section 65-C20.11(2)(c)2., F.A.C., requires that parent(s) receive a copy of the family daycare home brochure, "Selecting A Family Daycare Home Provider" (CF/PI 175-28)
- ◆ Section 65C-22.006(3)(c)2., F.A.C, requires that parents are notified in written of the disciplinary practices used by the child care facility, or
- ◆ Section 65C-20.01(6)©, F.A.C., requires that a written copy of the family daycare provider's discipline policy be available for the review by the parent(s).

**Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.**

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Signature of Parent/ Guardian

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Date



## Health History

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

Last Physical Examination: \_\_\_\_\_

Illnesses: (please circle)

Does your child have problems with any of these?

Has your child had any of these diseases?

Constipation

Asthma

Convulsions

Bronchitis

Diarrhea

Chicken Pox

Fainting Spells

Diabetes

Frequent Colds

Heart Disease

Frequent Ear Infections

Hepatitis

Frequent Sore Throats

Impetigo

Lice

Measles

Ringworm

Mumps

Skin Rash

German Measles

Soiling

Polio

Stomach Upsets

Scarlet Fever

Urinary Problem

Tuberculosis

Worms

Whooping Cough

Other Illnesses? (besides above) \_\_\_\_\_

Has your child been hospitalized? (explain) \_\_\_\_\_

Has your child had injuries with fractures or loss of consciousness? (explain) \_\_\_\_\_

Last vision test date: \_\_\_\_\_ Last hearing test date: \_\_\_\_\_

Last dentist visit date: \_\_\_\_\_

Any other members of your family with serious illness recently? \_\_\_\_\_

Any members of your family history of: Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_



## Emergency Information

**Child's Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **HomePhone:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

### Contact Information:

**Mother:** **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Father:** **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Alternate Emergency Contact Person(s):

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

### MEDICAL INFORMATION (include allergies to medications, foods, other substances, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_

**Child's Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I agree that the operator may authorize the physician of his/her choice to provide emergency medical care in the event that neither I, my spouse, alternate contact(s), nor my child's doctor can be located immediately.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Operator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_