

Peter Pan Preschool Enrollment Form for Child Care

Today's Date	Date Care to Begin
Day(s) of Week Care Needed <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Time(s) (write in beneath the day to which it pertains)	
Child's Full Name _____ Nickname _____ Address _____ Date of Birth _____ Place of Birth _____ Phone _____ Child Lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian	
Marital Status of Parent(s)/Guardian(s): <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single Parent	
Mother's Name and Address _____ Present Occupation _____	Home Phone _____ Work Phone _____ Cell Phone _____ E-mail _____
Father's Name and Address _____ Present Occupation _____	Home Phone _____ Work Phone _____ Cell Phone _____ E-mail _____
Guardian's Name and Address _____ Present Occupation _____	Home Phone _____ Work Phone _____ Cell Phone _____ E-mail _____
Siblings or other children in the household? List names and ages:	
Other adults in the household? List names and relation to child:	
Does your child have previous child care experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates attended and days and hours per week attended:	
Child's Physician _____ Physician's Address _____	Phone _____
Child's Dentist _____ Dentist's Address _____	Phone _____

Hospital Preference		Phone
Insurer Name		Policy #
Persons authorized to pick up or drop off your child (<u>other than parents or guardians</u>)		
Name	Relation to Child	Phone
Address		
Name	Relation to Child	Phone
Address		
Persons not authorized to pick up and drop off your child		
Name	Relation to Child	Phone
Address		
Name	Relation to Child	Phone
Address		
List any special health conditions or concerns or any unusual fears your child has that you feel we should be aware of:		
Any special eating habits?		
Can your child be relied on to indicate his/her bathroom needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your child have toilet accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What words does your child use for his/her genitals?		
For elimination?		
What is your child's nature in a group setting?		
What is your child's nature when alone or with family?		
What makes your child angry?		

How do you handle discipline in your home? How do you expect it to be handled in child care?

How do you comfort your child?

What are your child's favorite activities?

Are there any special benefits you wish your child to derive from his/her child care experience?

Is there any other information about your child that would be helpful for staff to know in order to take better care of your child?

Please return enrollment form to Marsha Madigan, 2195 Rolling Green Lane, North Mankato, MN, 56003

Or Email it back to peterpan@hickorytech.net

Parent/guardian signature
