

Childcare Enrollment Form

Date of Enrollment: _____

Name of Parent/Caregiver: _____

Name of Child: _____

Child's DOB _____

Primary Address _____

Primary Contact Person _____ relationship _____

Phone Number _____

Secondary Contact _____ relationship _____

Phone Number _____

Custody of Child _Mother _Father _Both _Other: _____

Primary language spoken in the home: _____

Household information:

Adults in the house: _____

Siblings/other children in the house: _____

Childcare Information:

Has your child been in a childcare setting before? _____ Yes _____ No

If yes: Family member? ___ In-home? ___ Center ___ How long was the child in childcare? _____

Reason for leaving? _____

Concerns:

Behavioral: Y / N Please explain _____

Medical: Y / N Please explain _____

Developmental: Y / N Please explain _____

Concerns with (please circle)	Speech	Motor Development	Physical Development
Cognitive Development	Social-emotional	Feeding Concerns	

Please explain any concerns:

Child's dietary needs and preferences:

Does your Child have an IEP or IFSP? _____ Does your child receive services? Y / N

If yes, please explain:

