



**KELLIHER
KIDS
CHILDCARE CENTER**

Enrollment Packet

Office Use Only	
Room	_____
Meals	_____
PP or County	_____
Deposit \$	_____
Start Date	_____

Child's Name _____ **Birth Date** _____ **Sex** M or F

Child's Address _____ **Home Phone** _____

Send Billing Statement To (Email) _____

Child lives with: **Mother** **Father** **Both Parents** **Legal Guardian**

Mother's Name _____

Home Phone () _____ Cell () _____ Email: _____

Address _____ City _____ State _____ Zip _____

Place of Employment _____ Phone () _____

Father's Name _____

Home Phone () _____ Cell () _____ Email: _____

Address _____ City _____ State _____ Zip _____

Place of Employment _____ Phone () _____

Legal Guardian's Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Place of Employment _____ Phone () _____

Alternate authorized pick up person

Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Alternate authorized pick up person

Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

List other children and/or adults living in the home:

Name	Age	Birth Date	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child's Name: _____ Date: _____

Please fill out the following information for your child where applicable. The information provided will help our staff provide a more nurturing and comfortable experience for your child.

General Health:

Is your child currently under medical treatment? Yes or No

Do you anticipate sending medicine to the center? Yes or No

Does your child have any physical handicap? Yes or No

If yes, please describe: _____

Eating:

As a rule, is your child's appetite: excellent good fair poor

Does your child eat: alone with family

Is your child allergic to any foods? Yes or No Please List: _____

List foods especially liked: _____

List foods especially disliked: _____

Sleeping:

Approximate time child goes to bed: _____ Wakes up in the morning: _____

Usual activities before going to bed: _____

Does your child have their own room? Yes or No

Does your child nap or have a rest time daily? Yes or No Usual Length: _____

Does your child have any fears connected with sleeping? _____

Does your child sleep with a favorite: Toy Blanket Other: _____

Elimination:

Urination is: Regular Irregular Bowel Movements are: Regular Irregular

How does your child state the need to urinate or for a bowel movement? _____

Comforting:

Does your child have a particular fussy time of day? Yes or No When? _____

How is it handled? _____

Does your child: Suck Thumb Use a Pacifier

Does Your Child like to be: Rocked Sung To Read To

Are there special things your say or do to comfort your child? _____

What are your child's favorite toys or activities? _____

Social Development & Behavior:

Has your child had previous group experiences? Yes or No If yes, describe: _____

Circle all that apply: Shy Friendly Cautious Outgoing Aggressive Independent Withdrawn Fearful

List any nervous habits your child displays: _____

What do you expect for your child from our center? _____

What do you expect from your child's day care experience? _____

Infants and Toddler-36 months and under: Eating

List any special eating problems: _____

Child sits in: Lap Highchair Baby Seat Other

Does your child feed self? Spoon Fork Hands Drinks from cup

Infants and Toddlers-36 months and under: Elimination

Has toilet training been attempted? Yes or No

What is used at home? Potty Chair Special Toilet Seat Regular Toilet Seat

Does your child have any problems with the use of Disposable Diapers

If yes, explain: _____

Infants only

Feeding:

Type of formula: _____ Schedule/Amount: _____

Type of milk: _____ Schedule/Amount: _____

Water: _____ Schedule/Amount: _____

Solid Foods: _____ Schedule/Amount: _____

Juice: _____ Schedule/Amount: _____

Development:

Is your child developing normally for his/her age? Yes or No

If not, what modification in the program is needed? _____

Enrollment Packet

Parent Permission Form

Photographs

Local newspaper and television stations may do feature stories on our Center and take photographs of the children. Snapshots, slides and videos may be taken for our scrapbook, community presentations Facebook page and publicity. If you do not object to having your child photographed and having the photograph published or aired, please initial below.

Initial: _____

Emergency Authorization

I hereby authorize the staff of Kelliher Kids to act in an Emergency if I cannot be reached or am delayed in getting to the Center.

Initial: _____

Parent Agreement

I have read all the forms in the enrollment packet and I have read the Center's handbook. I understand and will abide by the responsibilities set forth for parents/guardians and the joint responsibilities of the parents/guardians and Centers staff. I understand when I sign this agreement that the /Center will adhere to state and federal licensing requirements, fire, health and safety standards and will provide a quality child care program which attempts to serve each child's individual needs.

Initial: _____

Walking Field Trip Authorization

Kelliher Kids classes occasionally conduct short walking trips away from the site. These walking trips may be held unannounced and include trips to sites such as local parks or similar destinations in the proximity of Kelliher Kids. If you wish to have your child participate in the walking trips you must complete the following information:

I, the undersigned parent/guardian of _____ do hereby grant permission and authorize my child to participate in walking field trips while he/she is at Kelliher Kids. I acknowledge and agree that Kelliher Kids staff involved in the field trips agree not liable or responsible for any accidents or injuries, which may occur in the absence of negligence by Kelliher Kids staff. In the event of an emergency situation, I authorize staff to follow Kelliher Kids emergency procedures.

Please note any special considerations or conditions which staff should be aware of in respect to your child while on walking field trips: _____

Initial: _____

Bug Spray and or Sunscreen

I give my child, or Kelliher Kids staff permission to apply bug spray and/or sunscreen as needed while at Kelliher Kids. Please list any allergies to bug spray and/or sunscreen: _____

Initial: _____

Infant/Toddler Permission

I hereby give Kelliher Kids permission to apply one or more of the following external preparations, in accordance with directions for use on container:

Baby Wipes: **Yes** or **No** Baby Lotion: **Yes** or **No**

Non-prescription ointments: **Yes** or **No** Specify: _____

Other Specify: _____

I acknowledge that I have read the above form and by signing, affirm I fully understand and agree to all its contents.

Parent/Guardian Signature _____ Date _____

Medical/Emergency Contacts

Primary Doctor's Name/Clinic _____ Address _____
Phone _____
Emergency Medical Source _____ Phone _____

Dentist's Name _____ Address _____
Phone _____
Emergency Dental Source _____ Phone _____

List Any Known Allergies _____
List Any Dietary or Medical Needs for the child _____

If necessary do we have your permission to call the nearest doctor and make emergency arrangements? **Yes or No**
If No, please list specific instructions: _____

Family Emergency Contacts

Person(s) to be called in case of an emergency and may pick up child from the center if parent cannot be reached:

Last Name _____ First _____ MI _____

Relationship to child _____ Address _____

City _____ State _____ Zip _____ Home Phone _____

Work Phone _____ Cell Phone _____

Circle: *Emergency Contact* *Pickup Person* *Both*

Last Name _____ First _____ MI _____

Relationship to child _____ Address _____

City _____ State _____ Zip _____ Home Phone _____

Work Phone _____ Cell Phone _____

Circle: *Emergency Contact* *Pickup Person* *Both*

Person(s) who may NOT pick up your child from the center by court order (please provide legal documentation):

Name	Address	Relationship to child	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Anything else about your family that you would like to share with Kelliher Kids?

