



Little Lakers Child Care Center
Toddler & Preschool Registration Form

Child's Information

Child's Name (First, Middle, and Last):

Child's Nickname (if they have one):

Date of Birth:

Home Address:

Days & Hours Expected to Attend

	Monday	Tuesday	Wednesday	Thursday	Friday
drop off					
pick up					

Requested start date: _____

How did you hear about us? _____

Family Information

Important people and their relationship to the child (parents, siblings, grandparents, aunts, uncles, family friends):

Pets or animals at home and their names:

Primary language spoken at home:

Social/Emotional Development

Description of the child's temperament (ie. outgoing, friendly, enjoys playing alone):

How does the child show their feelings?

Excitement: _____

Frustration: _____

Fear: _____

Anger: _____

Does the child separate easily?

Is the child afraid of anything?

Favorite toys, blankets, or soothing objects:

Have they spent time with other children? If so, in what setting?

Some favorite activities:

Some least favorite activities:

How discipline is handled in the home:

What characteristics of the child's development would you like encouraged?

What characteristics of the child's development would you like discouraged?

Sleeping & Rest

The child usually naps _____ times per day (skip if they do not nap)

from _____ to _____

from _____ to _____

from _____ to _____

The child sleeps at night from _____ pm to _____ am

Where does the child usually sleep?

Special items the child sleeps with:

Self Care & Diapering

If they are in diapers, what type do they use?

Special requests during diapering routine (ie, creams, powders):

Are they prone to diaper rash?

Has potty training begun? If so, do they need reminders or help?

Food

Allergies or sensitivities:

Describe the child's appetite:

Some favorite foods:

Some least favorite foods:

Can the child feed themselves?

Typical times they eat:

Breakfast: _____

Lunch: _____

Dinner: _____

Comments & Insight

Describe anything about the child that would help the teachers better understand them and give them the best care possible:

Health Information

****All information below is REQUIRED by state law****

If your child does not have a dentist yet, you can put your family's regular dentist's information.

Primary care doctor's name & address :

Primary care doctor's telephone:

Dentist's office name & address:

Dentist's office's telephone:

Medication Administration Permissions

All items listed are parent-provided only, Little Lakers does not supply these items.

prescription and non-prescription

medicines

- approves
- does not approve

diapering products

- approves
- does not approve

sunscreen

- approves
- does not approve

insect repellents

- approves
- does not approve

Contact Information

****You must fill out at least 3 separate contacts below. Only one must be within 50 miles of the center.****

Primary Parent or Guardian

Name: _____

Relationships to child: _____

Phone: _____

Email: _____

Home Address: _____

same as child

Secondary Contact

Name: _____

Relationships to child: _____

Phone: _____

Email: _____

Home Address: _____

same as child

Emergency Contact (aside from primary and secondary)

Name: _____

Relationships to child: _____

Phone: _____

Home Address: _____

Emergency Contact (aside from primary and secondary)

Name: _____

Relationships to child: _____

Phone: _____

Home Address: _____

Authorized Pick-Ups (other than parents)

Name: _____

Relationships to child: _____

Phone: _____

Home Address: _____

Name: _____

Relationships to child: _____

Phone: _____

Home Address: _____

Name: _____

Relationships to child: _____

Phone: _____

Home Address: _____

Best contact method & who to contact first:

Please list any person who is not authorized to pick up the child:

If you'd like to authorize more people to pick up, please let us know and we can provide a separate form.

Emergency Authorization

My signature allows Little Lakers Child Care Center to act in an emergency if a parent or guardian cannot be reached or contact is delayed:

Printed name: _____

Signature: _____

Family Handbook

My signature indicates that I have received Little Lakers Child Care Center's family handbook and understand the content including my rights and responsibilities:

Printed name: _____

Signature: _____

Photography & Observation Permissions

I give permission to Little Lakers Child Care Center to:

take photographs and videos of my child and use them in classroom displays and my child's brightwheel feed. I understand that they may be identified by name.

- approves
- does not approve

allow observation of my child by visitor centers, early childhood professionals, college students, and high school students.

- approves
- does not approve

take photographs and videos of my child and use them in promotional materials (ie. Little Lakers Facebook page) and the center's website.

- approves
- does not approve

Family/Caregiver's Printed Name:

Family/Caregiver's Signature:

Date:
