



## Little Lakers Child Care Center Infant Registration Form

### *Child's Information*

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

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Child's Nickname (if they have one):

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Date of Birth:

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Home Address:

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### *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):

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Pets or animals at home and their names:

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Primary language spoken at home:

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If your child takes their first steps here, would you like to be notified?

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*Social/Emotional Development*

Description of the child's temperament (ie. colicky, likes to cuddle):

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Signs the child is hungry, tired or overstimulated:

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Does the child separate easily?

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Is the child afraid of anything?

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Favorite toys, blankets, or soothing objects:

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

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Some favorite activities:

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Some least favorite activities:

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*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

If the child cries before falling asleep, how long do they usually cry for?

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Where does the child usually sleep?

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Special items the child sleeps with (note: children under 1 year old **CANNOT** have anything in their crib with them except for a nuk if they use one):

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*Diapering*

What type of diapers does the child use?

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

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Are they prone to diaper rash?

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*Food*

Allergies or sensitivities:

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Does the child get breastmilk or formula?

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Describe the child's eating schedule including times and amounts:

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Best position for bottle feeding:

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Best position for burping:

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Has the child been introduced to solid foods?

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You will have a chance to meet with your child's teacher to talk about their specific menu and dietary needs. Each child in the infant room has their own menu.

*Comments & Insight*

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

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*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:

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Primary care doctor's telephone:

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Dentist's office name & address:

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Dentist's office's telephone:

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*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-Up's (aside from 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:

\_\_\_\_\_