

# Time to Succeed Child Care

1020 Pleasant Valley Blvd. Altoona, PA 16602 946-1972 Fax 946-0700

## "Getting to Know You" Enrollment Form

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Enrollment Date \_\_\_\_\_

Parents: Please fill out this form about your child so we can get to know you better!

I acknowledge this form was given to me upon enrollment: Parent Initial \_\_\_\_\_ Date \_\_\_\_\_  
Meetings are held at Parents Convenience. Teachers will go over this form and discuss Policies and Procedures of Time to Succeed. They will also go over daily routines and any questions or concerns that you as a parent may have.

### Contact Info:

**Emergency Contact Forms are kept in Classrooms this is for your Personal Preference of whom to contact in an emergency or illness**

Please give us a general idea of the times your child will be here:

Mom's name \_\_\_\_\_ /Work Location \_\_\_\_\_ Phone# \_\_\_\_\_

Dad's name \_\_\_\_\_ /Work Location \_\_\_\_\_ Phone# \_\_\_\_\_

Who Should Teachers contact First? \_\_\_\_\_ Second? \_\_\_\_\_

Other Family Members \_\_\_\_\_

Please Provide us with a "typical" weekly Schedule:

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_ Saturday \_\_\_\_\_

**Child's Health Info:** (A copy of your child's immunizations and current physical will be needed within 60 days of child's start date)

General state of health:

\_\_\_\_\_  
Doctor's name \_\_\_\_\_

Doctor's phone number \_\_\_\_\_

Does your child have any known allergies?

Are you concerned that your child may be prone to any type of allergies? \_\_\_\_\_

Describe:

Does your child have any medical conditions which I should be made aware of?

Has your child had the following common childhood illnesses?

*(please circle)*

Does your child have any problems with any of these?

Constipation  
Convulsions  
Diarrhea  
Fainting Spells  
Frequent Colds  
Frequent Ear Infections  
Frequent Sore Throats  
Lice  
Ringworm  
Skin Rash  
Soiling  
Stomach Upsets  
Urinary Problem  
Worms

Has your child had any of these diseases?

Asthma  
Bronchitis  
Chicken Pox  
Diabetes  
Heart Disease  
Hepatitis  
Impetigo  
Measles  
Mumps  
German Measles  
Polio  
Scarlet Fever  
Tuberculosis  
Whooping Cough

Does your child take any prescription medications daily?

Would there be any restrictions to play or activities?

**About Your Child:**

Has your child ever been in child care before? \_\_\_\_\_

What type (center, family daycare, grandma etc.) \_\_\_\_\_

Was it a positive experience: \_\_\_\_\_

How does your child feel about daycare and being left by his/her mommy/daddy?

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?

What is your normal method line? \_\_\_\_\_ What is your child's temperament like? Are they easy going, hard to please, demanding, aggressive, etc. \_\_\_\_\_

What is your child's favorite food?  
\_\_\_\_\_

What food does your child dislike? \_\_\_\_\_

Can your child be relied upon to indicate bathroom wishes?  
\_\_\_\_\_

What time does your child awaken? \_\_\_\_\_

What time does your child go to sleep at night? \_\_\_\_\_

Do they sleep through the night?  
\_\_\_\_\_

Does your child sleep in a bed or crib, other? \_\_\_\_\_

**Social Interactions:**

Does your child live with any other Children?

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Has your child had experience playing with other children?  
\_\_\_\_\_

What language(s) are spoken at home?  
\_\_\_\_\_

Does your child have any security objects such as a blanket, soother, bottle, toy etc.?  
\_\_\_\_\_

Are there any other comments or information you would like to let me know about?  
\_\_\_\_\_

I would like to schedule a Meeting with my child's teacher **YES NO**

If Parent Circled NO:

By Signing Below I am acknowledging that I am denying a Meeting with My child's teacher:

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

If Parent Circled Yes:

If Parent wants to Schedule Meeting:

Scheduled Meeting Date and Time \_\_\_\_\_

By Signing Below I am confirming that I have had a Getting to Know You Meeting with my child's Classroom Teacher:

Parent Signature \_\_\_\_\_ Teacher Signature \_\_\_\_\_