

WILLIAMSBURG COMMUNITY CHILD CARE

Enrollment Application

I. Child's Identification Information			
Name		Nickname	
Sex	Birth Date	Parents Email	
II. Family Information: Parents or Guardians			
Name	Address & Phone	Place of Employment	Work Phone
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Foster Parent			
Names and ages of other children in the home:			
Name	Age	Name	Age
III. Parental Sign in/out code			
Name	Relationship	4 digit Code	
IV. Play and Sociability			
How does your child get along with other children?			
His/her usual playmates are: <input type="checkbox"/> Girls <input type="checkbox"/> Boys <input type="checkbox"/> Older <input type="checkbox"/> Younger			
What is the usual size of your child's playgroup?			
Previous group experience other than school: <input type="checkbox"/> Preschool <input type="checkbox"/> Playgroup <input type="checkbox"/> Sunday school			
Other (Specify):			
V. Personality and Emotional Development			
Is your child affectionate? <input type="checkbox"/> Yes <input type="checkbox"/> No To whom?			
Does she/he accept new people easily? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What are your child's fears?			
Is your child usually happy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What nervous habits does your child have?			

VI. Discipline

When you find it necessary to discipline your child, which parent usually does this and how?

VII. Infants and Toddlers

Has your baby had any feeding problems? Yes No

If yes, please explain:

Have you noticed any allergies or sensitivities to particular foods?

Is your baby: Breast fed Bottle fed

What food is your baby eating now?

Fruits

Juices

Vegetables

Meats

Cereals

Milk (Formula)

Sleep habits during the day:

Does your child have a "fussy" time? Yes No When?

How do you handle this "fussy" time?

Do you have special ways of helping your baby go to sleep? If yes, how.

Does your child use a pacifier or suck thumb/fingers?

Has toilet training been attempted? Yes No What is used at home?

Is baby's skin highly sensitive? Yes No What is used at home?

How does your child relate to strangers?

Is your child frightened by anything?

VIII. Other Information: Please list some of your child's favorite:

Snacks and drinks

Games

Other activities

Give any other information you believe will be helpful to us in understanding your child:

Parent Signature and Date

Director Signature and Date