

Infant and Toddler Child Care Enrollment Information

To Be Completed by Parent

Per rule 414-300-0040(5) the following information is required prior to admission of each infant and toddler.

| | | | |
|---|--------------|-----------|--|
| Name of child care center/home | | | Date enrolled |
| Child's Name | Nickname | Birthdate | Child's age at entry |
| Name of Parent(s) | | | Phone (day) |
| Health | | | |
| Any special/medical needs? (including but not limited to an IFSP) | | | |
| | | No | Yes |
| | | | if yes, please complete the Medical Authorization form |
| Any previous medical history? | | | |
| Any allergies? | | | |
| Any medications? | | | |
| Individual Needs | | | |
| Does child say any words? What do they mean? | | | |
| What languages are spoken in the home? | | | |
| What are child's favorite games, toys and things to do? | | | |
| How do you comfort your child when he or she is upset? | | | |
| Any information that might be important or helpful to caregivers? | | | |
| Family | | | |
| Members of Household | Relationship | | Age if Sibling |
| | | | |
| | | | |
| | | | |
| Any pets? If yes, type of pet. | | | |

