

Enrollment Packet

Developmental History & Background Information

Required for licensed child care facilities to understand and address children's developmental needs.

Child's Name: _____ Date of Birth: _____

Developmental Milestones (for infants/toddlers only)

- Age began: Sitting _____ Crawling _____ Walking _____ Talking _____
 - Does your child: Pull up? _____ Crawl? _____ Walk with support? _____
 - Any speech difficulties? _____
 - Special words your child uses to describe needs: _____
 - Primary language spoken at home: _____
 - History of colic? _____ Uses pacifier/thumb? _____ When? _____
 - Fussy time of day? _____ How do you handle this time? _____
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Health Information

- Any known birth complications? _____
 - Serious illnesses or hospitalizations? _____
 - Special conditions or disabilities? _____
 - Allergies (e.g., food, insect bites, medications): _____
 - Regular medications: _____
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Eating Habits

- Special dietary characteristics or difficulties: _____
- If infant requires formula, describe detailed preparation: _____
- Favorite foods: _____ Foods refused: _____
- Feeding preference: Lap _____ High Chair _____ Table and Chair _____
- Eating utensils used: Spoon _____ Fork _____ Hands _____

Toilet Habits

- Diaper type: Disposable Diapers _____ Cloth Diapers _____
- Frequent diaper rash? _____ Use: Oil _____ Powder _____ Lotion _____ Other _____
- Regularity of bowel movements: _____ per day
- Diarrhea or constipation concerns? _____

- Has toilet training been attempted? _____
 - Describe center toileting preferences: _____
 - At home uses: Potty Chair ____ Child Seat ____ Regular Toilet ____
 - How does your child signal bathroom needs? _____
 - Any reluctance to use the bathroom? _____ Any accidents? _____
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 **Sleeping Habits**

- Sleep location: Crib _____ Bed _____
- Naps during the day? _____ When and how long: _____
- Usual bedtime: _____ Wake time: _____
- Special sleep needs (e.g., stuffed animal, routine, mood on waking): _____

Note: Infants must sleep on their backs per AAP guidelines to reduce the risk of SIDS.

 **Social Relationships**

- Describe your child’s personality: _____
 - Prior experience with other children/childcare: _____
 - Reaction to strangers: _____ Able to play alone? _____
 - Favorite toys/activities: _____
 - Fears (e.g., animals, dark): _____
 - How do you comfort your child? _____
 - Behavior management at home: _____
 - What do you hope your child gains from this experience? _____
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 **Daily Schedule**

Describe your child’s typical day: include wake time, meals, play, nap, toilet habits, etc.

 **Additional Notes**

Please use this space to share any important details about your child that will help us provide personalized care and support. This might include family routines, cultural practices, recent transitions, developmental observations, or anything you'd like the team to know.

Examples families often include:

- Parent deployment or recent move
- Child's preferred comfort strategies
- Religious or dietary practices
- Unique learning style or temperament
- Support needs not covered elsewhere

Feel free to continue on the back or attach an additional page if more space is needed.

Notes:

Parent/Guardian Signature: _____

Date: _____

Child Enrollment Form

Child's Information

- Name: _____ DOB: _____
 - Age at Admission: _____ Date of Admission: _____
 - Address: _____
 - Primary Language: _____ Identifying Marks: _____
 - Eye Color: _____ Hair Color: _____ Skin Color: _____
 - Height: _____ Weight: _____ Sex: _____
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Parent/Guardian Information

Name: _____	Name: _____
Cell Phone: _____	Cell Phone: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____

Medical Information

- Physician: _____ Phone: _____
 - Allergies/Special Diets: _____
 - Attach Individual Health Plan if applicable
 - Custody Agreements/Court Orders: Please attach if relevant
 - Special limitations or concerns: _____
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School-Age Only

- School Name: _____ School Phone: _____
- I certify physical/immunization/lead screening documentation is on file at my child's school

Parent/Guardian Initials: _____

Parent/Guardian Signature: _____ **Date:** _____

First Aid & Emergency Medical Consent

Child's Name: _____ **DOB:** _____

I authorize trained staff to administer **first aid/CPR** and to transport my child to the **nearest medical facility** if emergency care is needed. I understand efforts will be made to contact me prior to emergency transport.

Physician Name: _____ **Phone:** _____

Allergies: _____ **Chronic Health Conditions:** _____

Emergency Contacts (in priority order):

1. Name: _____ Phone(s): _____

Relationship to child _____ Release Permission: Yes No

2. Name: _____ Phone(s): _____

Relationship to child _____ Release Permission: Yes No

3. Name: _____ Phone(s): _____

Relationship to child _____ Release Permission: Yes No

Health Insurance Card Information

Child's Full Name: _____ **DOB:** _____

Please attach a **copy of the front and back** of your child's health insurance card for our records.

Emergency Use Consent

I authorize Mother Hubbard PreSchool to use the above health insurance information in the event of a medical emergency, if required by a medical provider or facility.

Parent/Guardian Signature: _____ **Date:** _____

Transportation Authorization Form

Child's Name: _____

Arrival/Departure at Mother Hubbard

- Parent Drop-Off
- Supervised Walk
- Program Bus/Van
- Public/Private Van
- Other: _____
- Parent Pick-Up
- Unsupervised Walk
- Contract Van
- Private Transport by Parent

Arrival/Departure at Public School (School Age Only)

- Parent Drop-Off
- Supervised Walk
- Program Bus/Van
- Public/Private Van
- Other: _____
- Parent Pick-Up
- Unsupervised Walk
- Contract Van
- Private Transport by Parent

Parent/Guardian Signature: _____ **Date:** _____

 **Local Field Trip Permission**

I, _____, give permission for my child to participate in **local walking field trips**.

I understand a separate permission form will be required for trips requiring transportation,

Parent/Guardian Signature: _____ **Date:** _____

 **Photo Release**

I, _____, give permission for my child to be photographed for classroom use (e.g., bulletin boards).

I understand my child will not participate in external media without additional written consent.

Parent/Guardian Signature: _____ **Date:** _____