

Childcare Registration

CHILD'S FULL NAME: _____

Age: _____ Birthdate: _____

PARENT'S FIRST NAME: _____

Phone: _____ E-mail: _____

Address: _____

Mother's Info.

Which Life Group are you in? _____

EMERGENCY CONTACT OR CELL PHONE # (IF WE NEED TO REACH YOU DURING STUDY):

Getting To Know Your Child...

ALLERGIES/ILLNESSES/DISORDERS: _____

Please indicate if it has not been clinically diagnosed & include any medication info.

SPECIAL INSTRUCTIONS:

LOVES TO (circle all that apply): be read to, cuddle, color/draw, play games, dance, sing, play instruments, count, say ABC's, watch videos, run & jump, sleep, talk, play w/ bubbles, pretend, other: _____

WOULD PREFER TO: play w/ others, play alone, play w/ adults, play w/ babies

When your child needs comfort what soothes him/her? _____

Comments:
