

Jefferson Child Care and Education Center

Admissions Form

Child's name _____ / ____ / ____
Last First Middle Date of Birth

Child's Address _____

Child's Social Security # _____

Mother's _____
Information Last name First Home address/phone #
Business Name Address Telephone#

Father's _____
Information Last name First Home address/phone #
Business Name Address Telephone#

Please list any other adults living in the home _____
Name Relationship
Name Relationship

Other children living at home _____
Name Age Relationship
Name Age Relationship
Name Age Relationship

Pets _____
Type Name
Type Name

What was your child's weight at birth? _____
Was your pregnancy full term? Yes _____ No? _____
Were there any pregnancy or delivery complications? Yes _____ No _____
Please explain. _____

Is your child allergic to any food or medication? Yes _____ No _____
If yes, please describe _____

Does your child experience any special health issues which need to be brought to our attention? _____

Has your child been in a child care situation before enrollment at our Center? Please describe any past child care experience(s). _____

Does your child experience any particular fears? Yes _____ No _____
If yes, please describe. _____

Has your child recently experienced any change or trauma (ie. Recent move birth of a sibling, death in the family etc.) Yes _____ No _____. If yes, please explain _____

What is your child's term for urination? _____
What is your child's term for bowel movement? _____
What are your child's food preferences? _____

How would you describe their current eating habits? _____

Does your child nap regularly? Yes _____ No _____ Describe _____

What is your child's regular bedtime? _____

Thank you for taking the time to share this information with us. Every child is unique and special to us. This information will enable us better to know your child and provide him/her with quality care to fit his very own needs.
