

Endless Journey Child Care
Intake Information

Pre-enrollment Date _____

Identification Information

Child's Name _____
Last First Middle
Child's Birth date _____ Sex _____
Child's Address _____ Phone _____

Parents or Guardians

1. _____
Name Address
Home Phone Number Work Phone Cell Phone
2. _____
Name Address
Home Phone Number Work Phone Cell Phone

Family History

Marital Status: Married _____ Divorced _____ Separated _____ Deceased _____ Single _____

Other children at home:

1. _____ 3. _____
Name Age Name Age
2. _____ 4. _____
Name Age Name Age

Who will have authority to pick up your child? Please include the following phone numbers: home, work and cell. Do not include parents or guardians on this list.

1. _____
2. _____
3. _____

Physical Regime

Does your child have any eating problems, allergies, food dislikes, asthma?

Explain _____

What is your child's normal nap time and length? _____

What is your child's attitude towards taking a nap? _____

Fieldtrips

Permission is _____ is not _____ given for field trips. Please sign even if your child is an infant or toddler. This will be helpful in the future, when your child is old enough for field trips.

Parent / Guardian Signature _____

If your child is 16 to 33 months old, please answer the following questions.

How is your child comforted? _____

What are your child's toileting habits? _____

What is your child's usual nap time routine? Do they sleep, and if so for how long? _____

What food does your child like and dislike? _____

What are your child's communication habits? _____

Parent / Guardian Signature _____

How did you hear about us?

_____ Newspaper _____ Radio _____ Friend _____ T.V.

Other: _____