

Sprouts About Child Information Enrollment Form

Child's Name: _____ Birth Date: ____/____/____

Primary Address: _____

Email addresses: Mother _____ Father _____

Languages other than English spoken in the home: _____

Mother's Name: _____

Home Address: _____

Home Phone: ____-____-____ Cell Phone: ____-____-____

Workplace: _____

Work Address: _____

Work Phone: ____-____-____ ext: _____

Work Hours: _____

Days Working: _____

Father's Name: _____

Home Address: _____

Home Phone: ____-____-____ Cell Phone: ____-____-____

Workplace: _____

Work Address: _____

Work Phone: ____-____-____ ext: _____

Work Hours: _____

Days Working: _____

What are the family dynamics? _____

Who lives in the household? _____

Other siblings and ages: _____

Family pets and names: _____

Are there any Custodial/Visiting arrangements that we should be aware of?

(Circle 5 words that best describe your child)

Happy Assertive Friendly Moody Dependent Impulsive Attentive Shy
Fearful Quiet Sleepy Easy-going Stubborn Independent Fearless
Outgoing Talkative Emotional Other _____

Is your child toilet-trained? _____

Describe any assistance needed: _____

Does your child nap? _____ Times: _____

Are there food and/or drinks your child **cannot have (allergies or dental problems)**? _____

Any health concerns we need to be aware of? _____ If **yes**, please explain _____

Does your child have frequent colds? _____ Ear aches? _____ Fevers? _____

Stomach aches? _____ Sore throats? _____

Does your child take any regular medication? _____ For what purpose? _____

Are there any particular mental, physical or emotional needs that we should be aware of?

Has anyone other than you, the parents, consistently cared for your child?

Has your child ever been in preschool or a group child care setting before? _____

If yes, was the experience positive? _____

What are your child's interests? _____

Thank you for taking the time to fill out this form. We look forward to getting to know your child. Please let us know if we can answer any questions or address any concerns you may have!