### **Child’s First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Child's Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Days and Hours

**What days and hours do you need childcare services?**

|  |  |
| --- | --- |
| **Days** | **Hours** |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| Saturday |  |
| Sunday |  |

# Annual Enrollment

**Will your child be enrolled at our daycare facility for the full year?** [ ] Yes [ ] No

# Expectations

**What are your expectations from our daycare facility?**

# Duration of Care

**How long does your family plan on needing childcare services?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Experience at Daycare

**Does your family have experience with daycare services at another facility?** [ ] Yes [ ] No

# Daycare Preferences

**What did you both enjoy and not enjoy about your previous childcare experience?**

# Parenting Style

**What is your parenting style like?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Questions and Concerns

**Do you have questions or concerns about our daycare facility or daycare managers?**   
  
 [ ] Yes [ ] No *What are they?*

# Child's Personality

**What is your child like?**

**How would you describe their personality?**

# Child's Interests

**What is your child interested in?**

**What have you noticed gets them excited at home?**

# Child's Dietary Preferences and Restrictions

**Does your child have dietary preferences or restrictions?** [ ] Yes [ ] No

*What are they?*

# Allergies and Medications

**Does your child have any allergies or take any medications regularly?** [ ] Yes [ ] No

*What are they?*

# Learning Needs

**Does your child have special learning needs?** [ ] Yes [ ] No

*What are they?*

# Immunization History

**Is your child up-to-date on all their shots?** [ ] Yes [ ] No

**Are you willing to provide proof of their immunization history?** [ ] Yes [ ] No

# Behavioral Issues

**Does your child have any behavioral issues?** [ ] Yes [ ] No

*What are the issues we should be aware of?*

# Pickups and Drop-Offs

**Who will be responsible for picking up and dropping off your child?**

Name of parent or guardian 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s license number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent or guardian 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s license number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent or guardian 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s license number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Parents’ Occupations

**What do you do for a living?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*What's your work schedule like?*

# Child Safety

**Is there anyone else who should be able to pick up or drop off your child?** [ ] Yes [ ] No

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s license number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are there family safety concerns we should be aware of?** [ ] Yes [ ] No

*What are they?*

# Communication Preferences

How would you prefer we contact you in case of an emergency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How would you prefer to receive regular communications from our daycare facility**?

# Sick Policies

**Have you read our sick policy?** [ ] Yes [ ] No

**Are you willing to comply with everything listed in our sick policy?** [ ] Yes [ ] No

# Payment Policies

**Have you read our payment policy?** [ ] Yes [ ] No

**How would you prefer to pay your daycare fees?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_