

Lots of Cuddles & Care

Kayla Ludwig

Enrollment Application



Name: _____ Phone: _____

Address: _____

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Requested first day of care: _____

Places of employment:

Mother: _____ Hours: _____ Days: _____

Father: _____ Hours: _____ Days: _____

Is the childcare you are seeking permanent, or temporary? _____

____ Full-time ____ Part-time ____ ½ Days

Days care is needed: **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

Drop Off Time _____ Pick Up Time _____

Do you have backup care? YES NO

Has your child been in a home childcare before? Yes _____ No _____

INFANTS:

Has your baby ever been separated from you before? _____

Is your baby: Breast-fed? _____ Bottle-fed _____ Breast/Bottle _____

What type of formula do you use? _____

Is your baby eating: INFANT CEREAL JAR FOOD FINGER FOOD

Any known allergies? _____

How does your child nap? Light Sleeper _____ Heavy Sleeper _____

How many naps does your child take daily? _____ Times _____

TODDLER/PRESCHOOL:

Is your child potty-trained? Yes ____ No ____ Please explain your philosophy on potty-training?

Will your child be eating breakfast here or at home? _____

What time does your child usually take naps and how long?

What kind of pets does your child live with or are used to being around?

What are your expectations of Family Home Child care?

List you're child's favorite foods:

List any foods that your child absolutely will not eat:

Any concerns you have about entering your child into daycare?

How do you handle discipline at home? _____

Circle all that describes your child's normal everyday behavior?

Calm Restless Happy Active Alert Impatient

Moody Jumpy Colicky Shy Cuddly

Drowsy Irritable Social Humorous Talkative

Sweet Non-Sharing Inquisitive



