

Teddy Bear Care REGISTRATION INFORMATION

Child:

First Name _____ MI ____ Last Name _____
 Sex: Male Female Birth Date _____ Nickname _____

Physical Address:

Street Address _____
 City _____ State _____ Zip _____
 Home Phone _____

Mailing Address:

Street Address _____
 City _____ State _____ Zip _____

Child Information

Has your child had previous childcare placement? Yes No Where was your child enrolled? _____

What is your child's favorite food? _____

What food does your child dislike? _____

Is your child potty trained? Yes No Can your child be relied upon to indicate bathroom wishes? Yes No

Does your child have any "accidents"? Yes No

What words does your child use for: Urination: _____ BM's: _____

Does your child take an afternoon nap? Yes No How long? _____

Special toy or blanket for naptime Yes No What? _____

What forms of discipline are most often used in the child's home? _____

How does your child behave when sick? _____

How is your child most easily settled when upset or afraid? _____

What are your child's favorite activities, toys, books, or games? _____

Family Information

Parent(s) is/are: Married Divorced Separated Widowed Single

If the parents are divorced, child lives with: Both Parents Mother Father Legal Guardian

If the parents are divorced, legal guardian is: Mother Father Other _____

Is the Divorce Decree or Legal Guardian paperwork on file? Yes No. If not, please attach a copy.

List the name and birth date of other children living in your home:

Name	Date of Birth	Are they currently in childcare?

Emergency Contact Information

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

	Emergency Contact 1	Emergency Contact 2
Name		
Relationship to child		
Address	Street _____ City _____ State ____ Zip _____	Street _____ City _____ State ____ Zip _____
Home Phone		
Work Phone		
Cell Phone		
Is this person authorized to make medical decisions for your child if you cannot be reached?		
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Health Information

Any special medications and/or restrictions: _____

Does your child have any speech, hearing, or visual problems? _____

Has your child ever been tested for any of the above? _____ Describe: _____

Has your child ever had any surgeries? _____ Describe: _____

Are your child's immunizations up to date? _____ If not, what is needed? _____

Drug Reactions: _____

Any food allergies? Yes No , If yes, what foods. _____

Pregnancy/Birth Information

Was there prenatal care? Yes No , If yes, what type of care? _____

Were there any complications during pregnancy or delivery? Yes No , If yes, what type. _____

Were drugs or alcohol used during pregnancy? Yes No , If yes, what type. _____

Was the birth full term? Yes No , If early, how many weeks or days early? _____ Birth Wt. _____

Was the birth induced? Yes No , Was birth natural? Yes No , Was birth by Cesarean? Yes No

By signing this form, you verify that all of the information provided is correct to the best of your knowledge. Providing false information could be grounds for termination of childcare services, forfeiture of money on account for the child, or both. Only one Parent or Guardian needs to sign this form unless more than one person has joint custody of the child.

Father's/Guardian's Signature	Date
Mother's/Guardian's Signature	Date