

Casa Powell Family Childcare

ADMISSION FORM

Child's Name: _____ Birthdate: _____

Mother's Name: _____

Mother's Address: _____

Mother's contact info: HM# _____ Email _____
Cell# _____ Other _____

Father's Name: _____

Father's Address: _____

Father's contact info: HM# _____ Email _____
Cell# _____ Other _____

Mother's Employer _____ Hours _____

Employer address _____ WK# _____

Father's Employer _____ Hours _____

Employer address _____ WK# _____

DISPOSITION

How does your child react when you leave them? _____

What is your child's normal disposition? _____

Does your child have any bad habits? What? _____

Are there any restrictions to play or activities? _____

How is your child most easily settled? _____

What are your child's favorite activities? _____

ILLNESS

Is your child prone to any illness (such as headaches, tummy aches, etc.)? _____

Has your child had any communicable diseases? If so, what and when? _____

EATING

What are your child's favorite foods? _____

What are your child's least favorite foods? _____

Does your child eat with utensils? Which one(s)? _____

Does your child have any allergies? What? _____

SLEEPING

What time does your child wake up? _____
What is their mood when they wake up? _____
What time does your child go to sleep at night? _____
What is their mood when they are put to bed? _____
Does your child sleep through the night? _____
Where (on what) does your child sleep? _____
Does your child take a nap? If yes, when? _____
How do you put your child to sleep? _____

PERSONALITY TRAITS

Has your child had experience playing with other children? _____

How does your child show when he/she is:
Afraid? _____
Happy? _____
Angry? _____
Tired? _____
Sick? _____

What forms of discipline are most often used in your home? _____

Are there any recent traumatic events that have occurred within your life that could affect your child? If yes, what? _____

Does your child have any special toys, blanket, etc.? _____

POTTY TRAINING

If your child is potty trained, can he/she be relied upon to indicate bathroom needs? _____
Does your child have any fears relating to potty training? _____
Does your child have any accidents? When? _____
What word(s) does your child use for:
Bowel movements? _____
Urination? _____
Soiled Diaper? _____

