

IN CASE OF EMERGENCY CONTACTS

Village of Love Early Learning Academy **may** also release my child to these persons:

1. Name _____ Phone # _____

Address _____

2. Name _____ Phone # _____

Address _____

Child's Physician or Source of Medical Care:

Name _____ Phone # _____

Address _____

Street City State Zip _____

If child lives in a one-parent home, does information need to be sent to an absentee parent?

Name _____ Phone # _____

Address _____

List any allergies or special conditions your child may have:

Please list any medications you child is taking, dosage & time:

Child's Health Insurance Coverage

Policy # _____



Family Enrollment Questionnaire

Child's name _____

Nickname _____

FAMILY CULTURE

1. What are the names and ages of all people who live in your home and their relationships to your child? Please include family pets (please identify species and names)

2. What is your family's ethnic or cultural background?

3. What languages are spoken in your household? Extended family?

4. Does your family celebrate birthdays or holidays? If so, how?

CHILDCARE HISTORY

Has your child been in daycare before? _____ if so, please give name, address and phone number of last childcare provider/Center:

Name _____

Phone Number _____

Address _____

Dates attended from: _____ to _____

Reason care terminated _____

May I contact them for a reference? _____

EATING HABITS

1. What are your child eating habits (frequency and portion?)

2. How often does your child drink during the day (milk, juice, water, etc.?)

3. Does your child have any favorite foods?

4. Does your child dislike any foods?

5. Does your child have a special diet?

6. Are there any foods your child should not be fed or are allergic to?

7. How does your sit at the table (highchair, booster seat, etc.?)

SLEEPING HABITS

1. Does your child have a regular bedtime schedule?

2. What time does your child usually go to bed at night?

3. What time does your child usually wake up in the morning?

4. Does your child have trouble sleeping?

5. What time(s) and for how long does your child nap each day?

6. Are there any favorite items that your child needs to sleep each day (pacifier, pillow, blanket, teddy bear, etc.)?

SOCIAL EXPERIENCES

1. Does your child spend time playing with children other than those living at home? If yes, how often and what is the age range of children?

2. Has your child been cared for outside the home prior to this school experience (childcare, nanny)? If yes, how old was your child and how long was he/she in this care? This may include an extended period of time you may have been away from your child (i.e. illness, deployment).

3. How does your child respond to new situations away from his/her family?

4. What are your routines in saying good-bye to your child?

5. Has your child experienced any losses? If yes, how did he/she respond?

6. Has your child witnessed any violence? If yes, how did he/she respond?

PROGRAM GOALS

List three of your most important goals/expectations for your child while attending this program.

a. _____

b. _____

c. _____

Describe your most common method of guidance/discipline.

GENERAL INFORMATION

1. How were you referred to Village of Love Early Learning Academy?

2. Are you interested in extended hours, after-school, or drop in care?

3. Do have back-up caregiver in the event that your child becomes ill and is unable to attend to childcare or for provider's holidays, vacations, personal days?

4. Are you looking for long-term or short-term care for your child?
