



Discover Our World Academy Registration Form

Date_____

Child's full name_____

Child's age_____

Child's Birthday_____

Nickname_____

Address_____

Contact Info:

Mom's name_____

Cell Phone _____

Work Phone _____

Home Address_____

Father's name_____

Cell phone _____

Work phone _____

Home Address_____

Emergency Contact Person #1_____

Contact's phone_____

Emergency Contact Person #2 _____

Contact's phone_____

Please provide the names and Phone numbers of at least 3 people who are allowed to pick up your child. (Please note if their names are not on this list they will not be release to anyone else). **And they must show ID.**

Name	Relation to the child	Phone number
1.		
2.		
3.		

Service Information:

Beginning date needing care _____

Hours:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Your Child's Health

Medical information:

Insurance provider: _____

Group Number _____

Member ID number _____

(We will need a copy of the child's health insurance card for our files)

CHILD'S HEALTH RECORD: (A copy of your child's immunizations and current physical will be needed)

General state of health:

Doctor's name _____

Doctor's phone number _____

Dentists' name _____

Dentists' phone number _____

Are your child's immunizations up to date? _____

(Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered medications.)

Does your child have any known allergies? ex. Medications seasonal Yes or no

Are you concerned that your child may be prone to any type of allergies? Yes or no
Describe:

Does your child have any medical conditions which we should be made aware of?

Has your child had the following common childhood illnesses? (*Please circle*)

Does your child have any problems with any of these?

Constipation
Convulsions
Diarrhea
Fainting Spells
Frequent Colds
Frequent Ear Infections
Frequent Sore Throats
Lice
Ringworm
Skin Rash
Soiling
Stomach Upsets

Has your child had any of these diseases?

Asthma
Bronchitis
Chicken Pox
Diabetes
Heart Disease
Hepatitis
Impetigo
Measles
Mumps
German Measles
Polio
Scarlet Fever

Urinary Problem
Worms

Tuberculosis
Whooping Cough

Does your child have any speech, hearing or visual problems? Yes or no

Would there be any restrictions to play or activities?

About Your Child

Has your child ever been in child care before? _____
What type (center, family daycare, grandma etc?) _____

Was it a positive experience?

Why are you looking for child care?

How does your child feel about daycare and being left by his/her mommy/daddy?

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc.

Are there any food restrictions or food allergies?

What is your child's favorite food?

What food does your child dislike?

Is your child potty trained? Yes or No

What words does your child use for?

Bowel movements _____ urination _____

what time does your child go to sleep at night?

Do they sleep through the night?

Does your child sleep in a bed or crib, other?

Are there any siblings? Please name them and specify ages and gender.

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Has your child had experience playing with other children? Yes or No

What language(s) are spoken at home? _____

Does your child have any security objects such as a blanket, soother, bottle, toy etc. ?

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

Are there any other comments or information you would like to let us know about?

Any specific concerns?
