



# Hourly Childcare

## Registration Form

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child's Birthdate: mo \_\_\_\_ day \_\_\_\_ year \_\_\_\_ Male \_\_\_ Female \_\_\_

Parent's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

### Authorized Pickup

We will **not** release your child without your specific **permission**. We require **prior notice** by email or phone call if anyone other than a parent is picking up a child. In the event that a parent does not arrive and cannot be reached we must have the names of two persons we may contact to pick up your child.

Authorized to pick up child: must be local.

1. \_\_\_\_\_ Relationship to Child Phone \_\_\_\_\_

2. \_\_\_\_\_ Relationship to Child Phone \_\_\_\_\_

### Health History

Medical Provider \_\_\_\_\_ Name \_\_\_\_\_ Street, City, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Dental Provider \_\_\_\_\_ Name \_\_\_\_\_ Street, City, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Please describe any significant illnesses, injuries, hospitalizations, physical conditions, or developmental concerns. Please attach extra pages, physician's reports or other information that may be helpful or necessary.

Does your child have an IEP or IFSP? Y or N **If yes, please provide a copy of the plan at time of enrollment.**

Does your child receive any outside targeted services such as Speech, Occupational Therapy or Physical Therapy? Y or N If yes, please explain. \_\_\_\_\_

Has your child had chicken pox? Y or N If yes, date \_\_\_\_\_

Does your child take any medication regularly? (If so, explain) \_\_\_\_\_

*Specific written permission on a Medication Permission Form is necessary to dispense medication to child. Pick up form in office.*

Is your child under physician's care for a chronic condition or allergy? \_\_\_\_\_

Does your child have any food allergies/sensitivities, or special dietary needs? (If so, explain) \_\_\_\_\_

**IF YOUR CHILD HAS ASTHMA OR ANY DOCUMENTED FOOD ALLERGIES/SENSITIVITIES, YOU MUST HAVE A COMPLETED ACTION PLAN ON FILE WITH US AT TIME OF ENROLLMENT. (PICK UP FORM IN OFFICE OR FROM WEBSITE.)**

## Social and Emotional Development

Has child had previous group experience? (circle one) Y N Where? \_\_\_\_\_

Does your child attend another daycare or school while attending our center? \_\_\_\_\_

Social/Emotional behavior: (Circle) Shy Friendly Cautious Outgoing Happy Moody Sensitive Nervous

Describe specific worries or fears of your child \_\_\_\_\_

Favorite play activity or interests \_\_\_\_\_

Do you anticipate any separation problems? \_\_\_\_\_

Does your child have a favorite comfort toy or other item that may be used in transition? \_\_\_\_\_  
(Please bring along)

Preferred Methods of behavior guidance (discipline) \_\_\_\_\_

Is your child toilet trained? (circle one) Y N Does your child need help with toileting? \_\_\_\_\_

What should we expect from your child during lunch, any eating concerns? \_\_\_\_\_

Areas in which you would like us to help your child develop: \_\_\_\_\_

## Family Background and Structure

This information is not required by the MN Department of Human Services. We respect the privacy of your family and understand that you may not be willing to share certain family confidences with us. However, more complete understanding of a child's family background is helpful to teachers as they support and coach development in individual children.

What is the primary language spoken at home? \_\_\_\_\_

Marital status of parents: \_\_\_\_\_ Married \_\_\_\_\_ Separated/Divorced \_\_\_\_\_ Single

Names and ages of child's siblings \_\_\_\_\_

Any family situations for which program awareness would be helpful? \_\_\_\_\_

Church Affiliation \_\_\_ Calvary Member \_\_\_ Other Lutheran \_\_\_ Other Denomination (please name) \_\_\_\_\_  
\_\_\_ No Church Membership at this time \_\_\_ Looking for a church home

## Additional Information

How did you hear about Hourly Child Care? \_\_\_\_\_

Please note any other information we should be aware of in providing education for your child. Please contact the director if you are not comfortable recording this information or would like to discuss sensitive concerns. All information shared by families is handled with confidentiality and respect for the family's privacy.

## Family Guidebook Policies and Procedures Agreement

I understand and agree to abide by the policies, procedures and expectations of Calvary Hourly Child Care. The Family Guidebook, Maltreatment of Minors, Allergy & Bloodborne Pathogens Policies are available to me on Calvary's website and in the center's office. Calvary's Emergency Plan is provided at enrollment and copies are available upon request.

Parent(s) or Legal Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return this completed form to:*  
Calvary Hourly Child Care Center 7520 Golden Valley Road Golden Valley, MN 55427  
763.545.9042 Fax: 763.545.6953 hourlychildcare@calvary.org