



BOHRN TO ACHIEVE
Childcare & Preschool
Admission Record

Date of Enrollment: _____

Child's Name: _____

Date of Birth: _____

Home Address: _____

Phone Number: _____

Father/Guardian Information:

Father or Guardian Name: _____

Father's Contact Phone Numbers: work _____

cellular _____

Address (if different from child): _____

Home phone number: _____

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

E-mail Address: _____

Yes, you may contact me via e-mail on issues regarding my child

Mother/Guardian Information:

Mother or Guardian Name: _____

Mother's Contact Phone Numbers: work _____

cellular _____

Address (if different from child): _____

Home phone number: _____

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

E-mail Address: _____

Yes, you may contact me via e-mail on issues regarding my child

Emergency / Medical Information:

If neither parent or guardian can be reached in case of an emergency call:

What serious illnesses, if any, has your child had in his / her lifetime? What treatment was given?

Family/Home Information:

Other children in family (list relationship):

Child's Normal Schedule:

Breakfast for the child usually consists of: _____

Time the child usually eats breakfast: _____

Time the child usually takes AM nap is: _____

Time the child usually wakes up from AM nap is: _____

Time the child usually eats lunch is: _____

Time the child usually takes PM nap is: _____

Time the child usually wakes up from PM nap is: _____

Information About Child:

Please give information concerning your child, which will be helpful to the childcare provider.

Play Habits: _____

Eating Behavior: _____

Sleeping Pattern: _____

Fears: _____

Likes and Dislikes: _____

Other: _____

The child's temperament is usually: _____

Does the child have a comfort item for resting? If yes what is it? _____

Your routine for putting the child to sleep is: _____

He / she likes to sleep on their stomach, back or side: _____

Is your child toilet trained? _____

If not, are they trying to use the toilet? _____

What words does he / she use for the bathroom? _____

Does your child have any special needs or behaviors we need to be aware of?

Child Care Information:

Do you have a back-up provider or relative for if your child becomes ill and can't attend daycare? Yes/No

If yes, name, address, and phone number:

Any other information about your family or child that you wish us to know:

Permission for Activities:

I / we hereby give BOHRN TO ACHIEVE permission to take my/our child, _____, off

the premises and on excursions that will take place during regular childcare hours. I understand that I will be notified of any such trips beforehand, that trips will be supervised and that all precautions will be made for the safety and well being of all the children. I / we also understand that BOHRN TO ACHIEVE Childcare will not be liable for any accident or injury. Consent is for normal activities unless indicated below - the following activities may occur during the course of the day at BOHRN TO ACHIEVE. **Please check those activities your child does not have permission to participate in.**

- Go for walks
- Ride bikes
- Play in water (on our premises, splashing in shallows & sprinklers)
- Ride in wagon/stroller
- Neighborhood visits (ex: library, churches, parks and fire station; NO private homes)

Are there any other activities in which your child should **not** participate?

Photo Permission: yes no

I / we give permission for BOHRN TO ACHIEVE Childcare to use our child's photograph on the website, fliers, brochures, or any other publication relative to BOHRN TO ACHIEVE Childcare. We realize that our child's first or last name will not be used in such publications. We will also display each child's photo in our facility so we can all get to know each other.

Child Release Information:

No child may be released from the provider's home to any person other than his/her parents or other person currently designated in writing by such parent to receive the child. Those people authorized to pick-up the child (including parents) need to present photo identification each day until easily recognized by the provider.

The following persons have my permission to pick up my child from BOHRN TO ACHIEVE Childcare:

1. Name: _____

Relationship to child: _____

Phone: _____

2. Name: _____

Relationship to child: _____

Phone: _____

3. Name: _____

Relationship to child: _____

Phone: _____

I / we certify that all of the information given on this form is correct and accurate to our best knowledge. I / we promise that I / we will notify the provider, if any or all of the information changes.

Mother's Signature _____

Date _____

Father's Signature _____

Date _____

Legal Guardian's signature: _____

Date: _____

Witnessed & agreed to by:

BOHRN TO ACHIEVE Authorized agent signature: _____

Date: _____