



Welcome to Precious Little Ones Daycare

This pre-enrollment package contains information, which we ask you to read carefully. These forms need to be completed and returned to the daycare within one week of your child's first day of attendance and before you receive your final enrollment package. Once forms have been received, you will be notified by us for an appointment.

***Additional forms can be found on our website at: www.yourpreciouslittleones.com.**

Registration Form:

These forms are filled out when you register your child. The non-refundable registration fee is due with enrollment registration form and contract.

Emergency Form: (on the website under: Enrollment)

This form provides the daycare with information regarding your address, employment information as well as emergency contact information, and authorizing to transport your child for immediate medical attention. (This form must be updated annually).

Health Inventory Form & Lead Test Form: (on the website under: Enrollment)

This form is to request health information from the parents and from the child's Physician. The Lead Testing information, is due **30 days after registration**.

Immunization Record: (on the website under: Enrollment)

This form documents your child's general medical history. This form must be updated with the daycare when your child receives up-to-date shots or as needed.

Developmental History Form:

This form will help us gain understanding of your child's needs. This form is to be completed by the parent.

Release of Information Forms:

These forms are filled out by parents giving permission to take photos and to transport your child on field trips, to parks, etc.

Waiting List Registration Form:

A non-refundable registration fee is due when the child is accepted for enrollment. And due to start at a later time.



Precious Little Ones Daycare REGISTRATION FORM

Child's Name: _____ DOB: _____ Age: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

How did you hear about us? _____

*****FOR OFFICE USE ONLY*****

Enrollment Fees:

Registration Fee _____ Tuition _____ (Weekly, Bi-weekly)

Vouchers _____ Annual Material Fee _____ Other _____

Amount Paid _____

Welcome Package:

Emergency Form: _____

Health Form: _____

Immunization Record: _____ Handbook Acknowledgement Form: _____

Registration/Contract: _____ Development History Form: _____

Release of Information: _____ Waiting List Registration Form: _____

Meal Enrollment: _____ Financial Agreement: _____

Start Date: _____

Director Signature: _____



Precious Little Ones Daycare DEVELOPMENT HISTORY FORM

Child's Name: _____ Birth Date: _____

In order to plan for your child's individual needs and interests, please complete this form. It is also a good idea to keep us updated with any changes in health, environment or any other area, which might affect his or her behavior or feelings. This information will be kept confidential and will not be release to anyone without your permission. We will make every effort to keep you aware of your child's development at the center (through telephone calls, individual notes and conferences). With your cooperation, we can gain the understating of your child's needs.

PHYSICAL SKILLS

| | | |
|------------------------------|-----|----|
| Is your child a good climber | YES | NO |
| Does your child fall easily | YES | NO |

LANGUAGE SKILLS

| | | |
|---|-----|----|
| Does your child speak in words: | YES | NO |
| Does your child speak in sentence: | YES | NO |
| Does your child have any difficulties speaking: | YES | NO |
| How does your child express needs: | | |
| Primary languages spoken at home: | | |

HEALTH HISTORY

| |
|--|
| Physical disabilities |
| |
| Allergies: (food, insect bites, medications, etc.) |
| |
| Child's reactions to allergies: |
| |



**Precious Little Ones Daycare
DEVELOPMENT HISTORY FORM (Con't)**

EATING HABITS

| | | | |
|--|-------|-------|------------|
| Is your child following any special diet (kosher, dairy free etc.) | YES | NO | |
| If yes, please explain: | | | |
| Is your child usually hungry between meal times: | YES | NO | |
| What are your child's favorite foods: | | | |
| | | | |
| What foods are refused by your child: | | | |
| | | | |
| Are there any eating problems: | YES | No | Don't know |
| If yes, please explain: | | | |
| | | | |
| Does your child eat with: | hands | spoon | fork |

TOILET HABITS

| | | | |
|--|-------|--------|-------|
| Is your child toilet trained: | YES | NO | |
| Can your child indicate bathroom needs: | YES | NO | |
| Does your child need help or encouragement in toileting: | YES | NO | |
| What expression is used for "urination": | | | |
| What expression is used for "bowel movement": | | | |
| Does your child have "accidents": | YES | NO | |
| If yes, approximately how often: | Daily | Weekly | Other |
| Does your child have any bathroom problems: | YES | NO | |
| If yes, please explain: | | | |
| | | | |

SLEEPING HABITS

| | |
|---|---------------------|
| What time does your child go to bed: | awaken |
| Does your child do any of the following in their sleep: | cry talk walk |
| What does your child need to sleep with (special toy, blanket, pillow, ect.): | |
| | |
| What is your child's general mood upon awakening: | |
| Does your child take naps at home: | YES NO |
| If yes, what time(s) and for how long: | |



Precious Little Ones Daycare DEVELOPMENT HISTORY FORM (Con't)

HOME SETTINGS

| | | | | |
|--|-----------|----------|----------|-------|
| Child live with: | Mom & Dad | Mom Only | Dad Only | Other |
| Are there any special situations in your home we should be aware of: YES NO | | | | |
| If yes, please explain: | | | | |
| | | | | |

SOCIAL RELATAONSHIPS

| | |
|--|-----------------------------|
| Has your child had experiences in playing with other children: YES NO | |
| Does your child get along with siblings: | YES NO |
| Does your child get along with other children: | YES NO |
| Does your child typically get along with adults: | YES NO |
| What age children does your child prefer to play with: | |
| Does your child enjoy being along: | YES NO |
| Does your child relate to strangers: | YES NO |
| Does your child seek a lot of adult attention: | YES NO |
| What makes your child upset or angry: | |
| | |
| How does your child show their emotions: | |
| | |
| What is the best way to handle those emotions: | |
| | |
| What is your philosophy on discipline: | |
| | |
| What frightens your child: | |
| | |
| What special skills or interested does your child show: | |
| | |



**Precious Little Ones Daycare
DEVELOPMENT HISTORY FORM (Con't)**

COMMENTS: specific goals and objects we can help your child with, expectations that you might have, additional comments, ect.)

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Signature: _____ Date: _____

Print Name: _____ Relationship to Child: _____

