

Cheryl's Child Care

Space #

Enrollment Date

Child's Name				Birthdate			
Home Address				Home Phone			
Subsidy ID #		MHSC #		9 Digit Personal ID #			
School		Phone #		Teacher/Class			
Doctor's Name		Address		Phone			
Dentist's Name		Address		Phone			

Mother			
Name			
Home Address			
Home Phone		Cell	
e-mail address			
Employer			
Work Address			
Work Phone			
School Name			
Address			
Phone			

Father			
Name			
Home Address			
Home Phone		Cell	
e-mail address			
Employer			
Work Address			
Work Phone			
School Name			
Address			
Phone			

Alternate Emergency Contacts (designated by parent)			
Alternate One		Alternate Two	
Name		Name	
Relationship to Child		Relationship to Child	
Home Address		Home Address	
Home Phone		Home Phone	
Work Address		Work Address	
Work Phone		Work Phone	

List brothers and sisters living at home					
Name		School/daycare		Phone	
Name		School/daycare		Phone	
Name		School/daycare		Phone	

Please list individuals who may pick up your child from daycare			

For School-age Children - List child's friends living in the area (where child might go)					
Name		Address		Phone	
Name		Address		Phone	

Cheryl's Child Care - Child's Information

Child's Name

Is your child taking medication on an ongoing regular basis? (circle) Yes No

If Yes, please list below.

Does your child have any allergies? (circle) Yes No

If Yes, list below.

Describe your child's current sleep habits/daily routine.

Please describe any social, emotional, developmental or health concerns, issues that will help me care for your child
(Include any fears your child may have)

What does your child eat

Favorite foods

Dislikes

Additional Comments of Concerns