PRESCHOOL REGISTRATION FORM

Please complete all fields on this registration form as all information is required by MN DHS.

CHILD'S INFORMATION

Last Name: _____ First Name: _____
Nickname: _____ Birth Date: _____
Address: _____ City, State, Zip: _____
Start Date: _____ Classroom: _____

Name of siblings and birthdates: _____
Most recent child care provider: _____ (circle): In Home / Center
Who does the child live with? _____

FAMILY INFORMATION

MOTHER / GUARDIAN #1:

Last Name: _____ First Name: _____
Relationship to Child: _____ Cell Phone: _____
Address: _____ Can you receive texts? (circle one) Yes / No
City, State, Zip: _____ Employer: _____
Email: _____ Work Phone: _____
Which is the best method of communication during the day? Work / Cell / Email / Text Cell

FATHER / GUARDIAN #2:

Last Name: _____ First Name: _____
Relationship to Child: _____ Cell Phone: _____
Address: _____ Can you receive texts? (circle one) Yes / No
City, State, Zip: _____ Employer: _____
Email: _____ Work Phone: _____
Which is the best method of communication during the day? Work / Cell / Email / Text Cell

EMERGENCY INFORMATION

EMERGENCY CONTACTS

Name: _____ Relationship to Child: _____
Address: _____ Work / Cell Phone: _____
Name: _____ Relationship to Child: _____
Address: _____ Work / Cell Phone: _____

AUTHORIZED PICK UP

Your child will ONLY be released to an authorized person listed on this form above (parent / guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other persons who you authorize to pick up your child on your behalf. All blanks must be filled in.

	Name	Address	Phone
1.			
2.			

A parent / guardian's verbal authorization for pick up must be received before your child will be released to anyone not listed above. If not received, and we cannot get in touch with you by phone, your child will NOT be released

MEDICAL / DENTAL INFORMATION

Pediatrician: _____ Office Phone: _____

Address: _____ City, State, Zip: _____

Medical Insurance Co: _____ Child's Personal ID# _____

Allergies or Medical conditions / needs: _____

Dentist: _____ Office Phone: _____

Address: _____ City, State, Zip: _____

Please use your dentist even if your child is not yet being seen. All blanks must be filled in

EMERGENCY CONSENT

It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we may take appropriate action on behalf of your child.

I / WE HEREBY GIVE MY / OUR CONSENT FOR MY CHILD _____ WHEN ILL / INJURED TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF NEW CREATIONS CHILD CARE AND LEARNING CENTER WHEN I / WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

_____ _____

Parent / Guardian Signature Date

_____ _____

Director Signature Date

HEALTH AND MEDICAL HISTORY

Has your child ever had any of the following? Check all that apply.

☐ Chicken Pox	☐ Scarlett Fever	☐ Diabetes	☐ Measles
☐ HIV	☐ Aids	☐ Hepatitis A	☐ Hepatitis B
☐ Mumps	☐ Asthma	☐ Other – Explain:	_____

Does your child frequently have any of the following? Check all that apply.

☐ Ear Aches ☐ Colds ☐ Sore Throat ☐ Stomach Aches

Does he / she vomit easily? (circle one) Yes / No
Run high fevers easily? (circle one) Yes / No
Has your child had any serious accidents? (circle one) Yes / No If yes, please explain:

Does your child have any allergies? (circle one) Yes / No If yes, please explain what allergies your child has and when / how it manifests (asthma, hay fever, hives, etc.):

Has your child ever been hospitalized? (circle one) Yes / No If yes, please explain:

Has your child ever been to a dentist? (circle one) Yes / No
Does your child have any disabilities or exceptionalities we need to be aware of? (circle one) Yes / No If yes, please explain: _____

How do you find your child's overall health to be?

GETTING TO KNOW YOUR CHILD

EATING PATTERNS

Circle One - Is your child usually hungry at meal times? Yes / No Between Meals? Yes / No
What are your child's favorite foods? _____
What foods does your child refuse? _____
Does your child have any food allergies? _____
Circle One - Does your child eat with a spoon? Yes / No Fork? Yes / No Hands? Yes / No
Is your child right or left handed? (circle one) Right / Left / Both
Any additional notes about your child's eating / dietary habits / restrictions:

TOILET PATTERNS

Can your child be relied upon to indicate toileting wishes? (circle one) Yes / No
What word is used for urination? _____ Bowel Movement? _____
Does your child need to go more frequently than is usual? (circle one) Yes / No
Is he / she frightened of the bathroom? _____
Does he / she have accidents? (circle one) Yes / No
Does your child need help with toileting? _____
Does your child wet the bed at night? (circle one) Yes / No
Does he / she wear a pull-up/diaper to bed? (circle one) Yes / No

SLEEPING / NAPPING

Does your child take naps? (circle one) Yes / No If so, from _____ to _____
If not, does your child generally have quiet time? (circle one) Yes / No
If applicable, what does your child generally do during his / her quiet time?

Does your child use a special toy / comfort item/blanket when napping? (circle one) Yes / No
If so, what is that item? _____
Does your child sleep in a bed or crib at home? _____

SOCIAL / EMOTIONAL

Does your child often play with other children? (circle one) Yes / No
How does he / she interact? _____
Does your child share easily? _____
Circle One - Does your child enjoy reading books? Yes / No Listening to music? Yes / No
What makes your child smile automatically? _____
What makes your child upset or afraid? _____
What is his / her favorite color? _____
What form of discipline do you use at home? Timeout, break, time in bed, etc.

_____

If you could describe your child in 3 words, what would then be?

_____

Please provide a brief description of your child's:
Physical Appearance: _____
Personality: _____
Abilities: _____
How does your child communicate? _____
Please add any additional information:

_____

RELATIONSHIPS, FAMILY, CUSTOMS, AND SOCIAL / EMOTIONAL INFORMATION

What are your child's favorite toys and/or activities?

_____

How does your child interact with others?

_____

Are there things that your child does not like that may make him or her feel upset / angry?

_____

Is there anything your child is afraid of?

_____

Does your child enjoy listening to stories?

_____

Does your child have a favorite song to sing at home?

_____

Are there any other languages spoken at home other than English?

_____

Are there any cultural or special customs or traditions that your family celebrates at home?

_____

What are some effective ways for comforting your child?

_____

_____ _____ _____

Parent / Guardian Signature Relationship to Child Date

TO BE FILLED OUT BY NEW CREATIONS

Parent / Teacher Conference Date #1 _____

Summary:

Parent / Teacher Conference Date #2 _____

Summary: