



Registration Form

Child's Name _____ Email (print) _____
First Last

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 _____

Emergency Contacts

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.

Who is authorized to pick up child: must be local.

- 1. _____ Relationship to Child Phone _____
- 2. _____ Relationship to Child Phone _____

Medical Provider Name _____ Phone _____
Street, City, Zip

Dental Provider Name _____ Phone _____
Street, City, Zip

Health History

Does 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 child under physician's care for a chronic condition or allergy? _____

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

Please attach extra pages, physician's reports or other information that may be helpful or necessary. Describe any physical condition which may impact your child's experience. Include any descriptions of possible or diagnosed developmental concerns. _____

Does the 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.)

(CONTINUE ON BACK)

Child's 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 _____

Methods of behavior guidance (discipline) _____

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)

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? _____

Are there any speech concerns? _____

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

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. _____

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 _____

Any unusual home situations? _____

Names and ages of child's siblings _____

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 of the Hourly Child Care? _____

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 is available to me on Calvary's website and in the center's office. Calvary's Emergency Plan, Maltreatment of Minors & Bloodborne Pathogen Policies are available on our website.

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