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REGISTRATION FORM

**LITTLE ACORNS DAYCARE
P.O. Box 665 Dingmans Ferry, PA 18328**

Child's Full Name _____ Date _____
(Last) (First) (Middle)

Boy/Girl _____ Date of Birth _____ Age _____
(Month) (Day) (Year)

Parent's Name _____ Phone Number _____
(Father) (Mother) (Last Name)

Mailing Address: _____

Street Address (if different): _____

Public School District _____

Is he/she a sibling of a child also registering _____
(Name of Child)

Please return this form, the Information Data Sheet and Registration Fee made payable to Little Acorns Daycare and mail it to the address at the top of the page.

Children are accepted on a trial basis. The Center reserves the right to request the withdrawal of a pupil at any time for reasons consistent with the best interests of the Center and other pupils.

When a parent withdraws a student from enrollment, a 2 week advanced notice should be given to the Director.

All children will participate in physical activities unless a special parental request is given to the Director.

Your signature constitutes your acceptance of the terms and conditions listed on this form.

Parental signature

PLEASE COMPLETE AND RETURN WITH REGISTRATION FORM

INFORMATION DATA

Child's Full Name _____

Name usually called if different than above _____

Address _____

Telephone Number _____ Birth date _____ Age _____

Circle marital status Child's parents Married Separated Divorced Widowed Single Parent

Father's Place of Employment

_____ Occupation _____ Tel. No. _____

Mother's Place of Employment (If outside the home)

_____ Occupation _____ Tel. No. _____

Name and phone number to contact if parents are unavailable _____

Physician and phone number to call in case of sickness or accident _____

I hereby authorize Little Acorns Daycare to take such emergency measures as are necessary in the event none of the above can be reached by telephone.

Parents signature

Is the mother a regular member of a Church? _____ Name & location of Church _____

Is the father a regular member of a Church? _____ Name & location of Church _____

Does your child attend Sunday School? _____ Name of Sunday School _____

Names and ages of brothers and sisters _____

Other members of household besides immediate family _____
(Names) (Relationship)

Does your child receive extensive care by other than parents? _____ By whom? _____

How does your child react to other children? _____

What is his/her reaction to adults? _____

What hand does he/she usually use? _____ Completely toilet trained (daytime)? _____

Previous group experience of child _____

Particular behavior problems _____

How is child disciplined at home? _____

Exceptionally shy or timid? _____

Special fears _____

What helps reassure him/her when upset? _____

How would you describe his/her personality? _____

Favorite pastimes and interests _____

Does your child enjoy being read to? _____ Like to sing? _____ Favorite TV Program _____

Does he/she help putting away his/her belongings? _____ Dress him/her self? _____

Nervous habits? _____ Disturbed sleep? _____ Frequent accidents? _____

Medical Problems? Please list _____

Any diagnosed learning disability or birth defect that might affect learning? Please describe _____

Allergies-Please list _____

Any foods which he should not eat? Please list _____

Speech difficulties? _____

Why do you wish to send your child to our Daycare?

Please add any additional comments that might further the understanding of your child and his/her background, or any special problems or concerns you would like us to be aware of: