



Busy Bees Child Care Center

East Campus
Enrollment Form

Today's Date	Date Care to Begin:	Termination Date:
Child's Full Name		Nickname
Address		
Date of Birth	Place of Birth	Phone
Child Lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian		
Marital Status of Parent(s)/Guardian(s): <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single Parent		
Mother's Name and Address		Home Phone Work Phone Cell Phone E-mail
Present Occupation	Century College: Student Staff Community	
Father's Name and Address		Home Phone Work Phone Cell Phone E-mail
Present Occupation	Century College: Student Staff Community	
Guardian's Name and Address		Home Phone Work Phone Cell Phone E-mail
Present Occupation	Century College: Student Staff Community	
Siblings or other children in the household? Please provide names and ages:		
Other adults in the household? Please provide names and relation to child:		
Does your child have previous child care experience? Please provide the dates attended and the days and hours per week attended:		
Were previous experiences positive or negative?		

Child's Physician	Phone	
Physician's Address		
Child's Dentist	Phone	
Dentist's Address		
Religion:		
Hospital Preference	Phone	
Insurer Name	Policy #	
Persons authorized to pick up or drop off your child or If unable to locate parent, who we can contact:		
Name	Relation to Child	Phone
Address		
Name	Relation to Child	Phone
Address		
Do you authorize these people to act on your behalf, in an emergency?		
Name person(s) NOT authorized to pick up child:		
If there is a restraining order, you must give Busy Bees Child Care a copy, such orders should include Busy Bees in writing.		
Any special eating habits?		
Any special health conditions or particular fears or dislikes you feel we should be aware of?		
Is your child allergic to any food, substance or animal?		
Can your child be relied on to indicate his/her bathroom needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your child have toilet accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your child's nature in a group setting?		

What is your child's nature when alone or with family?

Do you want your child to nap?

Quiet time after lunch, Nap upon request.

What makes your child angry?

Has your child been upset by anything that might affect their behavior at the center?

How do you handle discipline in your home? How do you expect it to be handled in child care?

How do you comfort your child?

What are your child's favorite activities?

Does your child have any pets?

Does someone read to your child on a regular basis?

Are there any special benefits you wish your child to derive from his/her child care experience?

What cultural ideas you would like our program to include?

What cultural ideas you would NOT like our program to include?

Is there any other information about your child that would be helpful for staff to know in order to take better care of your child?

As of today's date, is your child 33 months of age?

Fully potty trained, wearing NO pull-ups?