



Silva's Youth of Today Childcare Learning Center, LLC  
656 Silver Lane East Hartford, CT 06118  
(860) 569-8300 phone/ (860) 568-5839 fax

CHILDCARE ENROLLMENT FORM

Child's Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Enrollment Date: \_\_\_/\_\_\_/\_\_\_ Immunization Date: \_\_\_/\_\_\_/\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Circle Days child will be attending: M T W TH F Full Time: \_\_\_

Total Days Per Week: \_\_\_ Total Hours: \_\_\_ Child's Primary Language: \_\_\_\_\_

Child Lives with: Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_

Person responsible for child: \_\_\_\_\_

Is Child in School (Elementary): Yes \_\_\_ No \_\_\_ Name of School: \_\_\_\_\_

How will child arrive?: \_\_\_\_\_ Time of Arrival: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Mother's Work Address : \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Father's Work Address: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

May we use this email to communicate with you about your child and/or the center?

\_\_\_ yes \_\_\_ no

Name of Child's Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Emergency Contact (s)**

Name	Relationship	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Development History**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Nickname: \_\_\_\_\_

Is Child adopted: \_\_\_\_\_ Age of Adoption: \_\_\_\_\_ Does child know?: \_\_\_\_\_

Who has cared for child other than parent(s)? \_\_\_\_\_

Has your child had playgroup experience? \_\_\_\_\_ What type? \_\_\_\_\_

Does your child have neighborhood playmates? \_\_\_\_\_ (Toddler \_\_\_ Preschool \_\_\_ Teen \_\_\_ )

Does your child have a special comforting item (blanket, cuddly, etc)? \_\_\_\_\_

Are there words your child uses we may not understand? \_\_\_\_\_ If so, please list words and their meanings \_\_\_\_\_

Age child began toilet training \_\_\_\_\_

Word(s) child uses when he/she needs to use toilet \_\_\_\_\_

When does child usually eat? Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

When does child usually go to bed at night? \_\_\_\_\_ When does child awaken? \_\_\_\_\_

Child's favorite indoor activities are: \_\_\_\_\_

Child's favorite outdoor activities are: \_\_\_\_\_

What method of behavior control is used in your home? \_\_\_\_\_

What is child's usual reaction? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

What is your child's overall health? \_\_\_\_\_

Does your child have frequent? Colds \_\_\_ Tonsillitis \_\_\_ Earaches \_\_\_ Does he/she vomit easily \_\_\_ Run high fevers easily \_\_\_

Have allergies \_\_\_\_\_ Dietary restrictions (if yes, explain) \_\_\_\_\_

Have any fears you are aware of? \_\_\_\_\_ Explain \_\_\_\_\_

