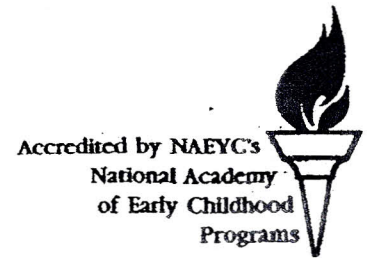




The Nurturing Nest
3634 Maxton Road
Dayton, Ohio 45414



Enrollment Information

Child's Name: _____

Date of Admission: _____

I. Family Information:

Mother's
Name: _____

Address _____

Home phone: _____ Cell: _____

Employer: _____

Address: _____

Work phone: _____ Other: _____

Father's
Name: _____

Address _____

Home phone: _____ Cell: _____

Employer: _____

Address: _____

Work phone: _____ Other: _____

With what parent does the child live? Both Father Mother

How long has the child's family lived in this area: _____

Members of the Household:

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>
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Child's position in the family _____

Is the child accustomed to being separated from the parent/s with babysitters, church, or relatives? _____

II. Authorization Names

Please list three or four people who you would like to be authorized to pick up the child besides the parent/s.

Name _____	Name _____
------------	------------

Address _____	Address _____
---------------	---------------

Telephone _____	Telephone _____
-----------------	-----------------

Relationship _____	Relationship _____
--------------------	--------------------

Name _____	Name _____
------------	------------

Address _____	Address _____
---------------	---------------

Telephone _____	Telephone _____
-----------------	-----------------

Relationship _____	Relationship _____
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III. Child Information

Child's Name _____

Child's Nickname _____

Place of Birth _____

Date of Birth _____

Birth Length _____ Birth Weight _____

Is the child adopted? _____ At what age? _____

Pregnancy experiences: Normal Minor or Major complications

Delivery: Normal
Minor Complications, please describe. _____

Major complications, please describe. _____

Casarean Delivery? _____

How would you describe your child's disposition? _____

IV. Health

Describe any health problems or concerns. _____

Describe any severe injuries or operations. _____

When did your child begin to sit alone? _____

crawl? _____ walk alone? _____

cut his/her first tooth? _____ speak his/her first word? _____

make sentences? _____ feed him/herself with a spoon? _____

drink from a cup? _____

Was your infant breast fed? _____

Does your child have bowel control? _____ Age when trained? _____

Does your child have bladder control? _____ Age when trained? _____

What methods did you use to train your child? _____

What words does your child use to indicate toileting needs? _____

V. Parent Roster Information

Any parent that has a child attending the center may request a parent roster information sheet. This sheet has the names, address and telephone number of the parents who have children attending the center. This is an optional for any parent who enrolls. If you are interested in receiving a parent roster information sheet with your name, address, and telephone number included, please sign on the line below. If you DO NOT wish to have your name listed on the information sheet please leave the line below blank.

VI. Summary

Briefly describe what you consider your child's most attractive characteristics.

What behaviors do you find most challenging? _____

How does your child respond in a group with other children? _____
