The GreenHouse Christian Learning Center

Enrollment Questionnaire

Name of Child: ________________________________ DOB: __________________________

Age of Child: ___________________

Previous Childcare History:

Has your child been in childcare before? ________ If so, please give name, address, and phone number of last childcare provider/center:

Name: _____________________________________ Phone Number: __________________

Address: ____

Dates Attended from _____________ to _____________.

Why was care terminated?

____

May I contact them for a reference? ___________________________

Sleeping habits:

Does your child have a regular bedtime schedule? _______________________________

What time does your child usually go to bed at night? ___________________________

What time does your child usually wake up in the morning? ______________________

Night terrors? ___________ Trouble going to sleep? ___________

Other? ____

If under 18 months, how does your child prefer to sleep (back, stomach, side?)

____

What time(s) and for how long does your child nap each day?

____

Are there any favorite items that your child needs to go to sleep each day (pacifier, pillow, blanket, teddy bear, etc.)?

____

Has your child slept in a pack-n-play, crib, or mat/cot?

____

What is your child's disposition upon waking (happy, clingy, slow to wake, etc)?

____

Eating Habits:

What are your child's eating habits (frequency and portion)?

____

How often does your child drink during the day (milk, juice, water, etc)?

____

Does your child have any favorite foods? ____

Does your child dislike any foods? ____

Does your child have a special diet? ____

Are there any foods your child should not be fed?

____

How does your child sit at the table (high-chair, booster seat, etc)?

____

General Information:

Do you have a back-up caregiver in the event that your child becomes ill and is unable to attend childcare or for provider's holidays, vacations, or personal days?

____

Are you looking for long-term or short-term care for your child?

____

What are your expectations from The GreenHouse Christian Learning Center?

____

Health History:

Has or does your child have any known health condition?

____

Does your child need regular medication? If so, Please explain why? (Medication for will need to be filled) ____

Does your child have any known allergies?

____

Special instructions in case of allergic reaction:

____

Does your child have any fears that would be helpful to us as we care for your child?

____

____

Has your child had or been exposed to any communicable diseases (chicken pox, measles, mumps, lice etc.)? If so, please explain and provide dates.

____

____

Is your child prone to any common ailments (upset stomach, frequent colds, allergies, ear infections, sore throats, nose bleeds, diaper rash etc.)?

____

____

Is there any indication of hearing or vision problems?

____

Does your child have any physical or mental disabilities?

____

Parent Name: ____

Parent Signature: ____

Date: ____