



# Parentz View Child Care

## Registration

Admission Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Discharge Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name Preference: \_\_\_\_\_ Sex (Circle One)    M    F

Is child up to date on shots?    Yes    No

Is child on any type of medication?    Yes    No

If yes, what is it? \_\_\_\_\_

Does your child have any allergies that we need to be aware of?    Yes    No

If yes, please explain. \_\_\_\_\_

Is your child potty trained?    Yes    No

Do you need help with potty training?    Yes    No

Has your child ever been enrolled in day care, preschool or watched by a baby-sitter or nanny full time or part time?

Yes    No

If yes, why are they not being cared for anymore by that facility or person? \_\_\_\_\_

Has your child ever been diagnosed with having ADHD, ADD or Autism? Is there any communication problems?

Yes    No

If yes, please explain. \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

