MI CASA ES SU CASA BILINGUAL FAMILY DAYCARE
8315 Hawkshead SE • Byron center, MI 49315 • phone: 616-554-7762

Registration Packet

Enrollment Form

Basic Information

Name of Child **Birth date**

Name of Mother **Home Phone**

Home Address

Business Name & Address

Business Phone

Name of Father **Home Phone**

Home Address

Business Name & Address

Business Phone

Child Lives with: Mother _____ Father _____

Other Children living with Child:

Name _____ Birthdate _____ Sex _____
Name _____ Birthdate _____ Sex _____
Name _____ Birthdate _____ Sex _____
Name _____ Birthdate _____ Sex _____

Developmental Background:

Name of previous child care program attended:

_____

Child's favorite activities:

_____

_____

Child's favorite toys:

_____

Does child suck his/her thumb? Yes _____ No _____

Child's eating habits:

_____

_____

What food does your child especially like?

_____

_____

What food does your child dislike?

_____

_____

What makes child frustrated or upset?

_____

_____

How does your child express anger or frustration?

_____

_____

Does child have any fears? Explain.

_____

_____

When your child is upset, what helps to comfort him/her?

_____

_____

Child's sleeping habits:_____

_____

Family rules the daycare should be aware of:

_____

_____

Methods of discipline that work well with child:

_____

_____

Child's communication style:

_____

_____

Toilet Habits (if potty-trained or being trained):

_____

Words Child Use For:

Urine: _____

Bowl Movement: _____

Toilet: _____

Child's Demeanor (Check all that apply):

Easy-going	**_____**	**Listener**	**_____**
Active	**_____**	**Nervous**	**_____**
Friendly	**_____**	**Docile**	**_____**
Plays Alone	**_____**	**Curious**	**_____**
Musical	**_____**	**Talkative**	**_____**
Shy	**_____**	**Leader**	**_____**
Cooperative	**_____**	**Follower**	**_____**
Competitive	**_____**	**Artistic**	**_____**

At home, is child allowed to: (Check all that apply):

Watch TV _____
Play Video Games _____
Play w/Computer _____

Your expectations of Mi Casa es su Casa Bilingual Family Daycare:

_____

_____

Health History:

Check health problems child has had:

_____Asthma	**_____Heart Disease**
_____Bronchitis	**_____Hepatitis**
_____Chicken Pox	**_____Lice**
_____Diabetes	**_____Measles**
_____Epilepsy	**_____Mumps**
_____Eczema	**_____Pneumonia**
_____Frequent Colds	**_____Scarlet Fever**
_____Frequent Diarrhea or Constipation	**_____Stomach Upsets**
	_____Strep Throat
_____Frequent Ear Infections	**_____Whooping Cough**
_____Frequent Sore Throats	**_____Other**

Has your child been hospitalized? (explain)

_____

_____

Has your child had injuries with fractures or loss of consciousness? (explain)

_____

_____

Allergies (food, drug, bee sting, etc.) list type, symptoms and treatment required

_____

_____

_____

Name of child's physician or health clinic: _____

Phone of doctor or clinic: _____