Enrollment Form CFC Preschool and Childcare

Mom's name _____
Dad's name_____
Child's name_____
Child's age_____
Child's Birthday_____ Nickname_____
Date_____
Address_____
_____
(Mother)Home Phone_____
(Mother)Work Phone_____
(Mother's) Cell Phone_____
(Father)Home Phone_____
(Father)Work Phone_____
(Father's) Cell Phone_____
Fax Number_____
(Mother's)
Email address:_____
(Father's)
Email adreess_____
Mother's Social Security #: _____
Father's Social Security #: _____
Mother's Driver's License #: _____
Father's Driver's License #: _____
Parents are:
Married _____
Divorced _____
Separated _____
Widowed _____
Single _____
Mother's Employer (include name and address, telephone number and extension):
_____
_____
Telephone: _____

Hours of employment are from _____ a.m. To _____p.m.
Father's Employer: (include name and address, telephone number and extension):

_____
_____

Telephone: _____
Hours of employment are from _____ a.m. To _____p.m.
Beginning date needing care_____
Hours: Monday_____ Tuesday_____
Wednesday_____
Thursday_____ Friday_____
Saturday_____
Sunday_____
Times you plan to drop your child off_____
Times you plan to pick up your child_____
Is there anyone besides you or your husband that
will be picking up your child. Yes or No
If yes Names_____
_____
I will need a call the day of to let me know. This is for your child's protection.
Has your child ever been in childcare before?_____ What type (center, family daycare, grandma, etc.)_____
Was it a positive experience?
_____
Why are you looking for childcare?
_____
Will you be giving a two-week notice to your current provider?
_____
Are there any areas you would like to see your child working on?
_____
What is your normal method of discipline?
_____
What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc.?
_____
_____
What are some of your child's favorite activities?
_____
Are there any food restrictions?
_____
Does your child have any special needs or concerns?
_____
What are your child's napping habits?
_____

What are your hopes/expectations for your child here?_____
_____
_____
Is someone available to pick up your child by closing time?_____
Do you have a backup care provider?_____
CHILD'S HEALTH RECORD: (A copy of your child's immunizations will be needed)
General state of health:
_____
_____
Doctor's name_____
Doctor's phone number_____
Dentists' name_____
Dentists' name _____
Are your child's immunizations up to date? _____ (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered medications.)
Does your child have any known allergies?
_____
_____
Are you concerned that your child may be prone to any type of allergies?_____
Describe:
_____
_____
_____
Does your child have any medical conditions which I should be made aware of?
_____
_____
_____
Has your child had the following common childhood illnesses?
. (*please circle*)

Does your child have any problems with any of these?	Has your child had any of these diseases?
Constipation	Asthma
Convulsions	Bronchitis
Diarrhea	Chicken Pox
Fainting Spells	Diabetes
Frequent Colds	Heart Disease
Frequent Ear Infections	Hepatitis
Frequent Sore Throats	Impetigo
Lice	Measles
Ringworm	Mumps
Skin Rash	German Measles
Soiling	Polio
Stomach Upsets	Scarlet Fever
Urinary Problem	Tuberculosis
Worms	Whooping Cough

Does your child have any speech, hearing or visual problems?

_____

Has your child ever been tested for the above?

_____

_____

Has your child ever had any surgeries or do they have any prosthetic limbs etc.?

_____

If yes, please describe:

_____

_____

_____

Would there be any restrictions to play or activities? I.e. Is your child handicapped, allergic to grass, etc.

_____

_____

Age your child began to: Sit _____, Crawl _____, Walking _____
Age your child began to: Talk _____ Any difficulties with speech? Yes or No.
If yes to above question, please specify: _____

_____

Have you made any special arrangement for child's care during illness? Yes or No.
Please specify: _____
What is your child's favorite food? _____

_____

What food does your child dislike? _____

_____

Child's favorite color_____
Child's favorite song_____
Does your child know the basic shapes _____
ABC's_____ colors_____ numbers ___?
Does your child eat with a spoon _____ fork_____ hands_____ ? (check all that apply)
Can your child be relied upon to indicate bathroom wishes? _____
Does your child have any fears related with toileting? _____
Does your child have any "accidents"? _____
What words does your child use for: Bowel movements _____ urination_____
What words does your child use for describing his private parts? _____

_____

What time does your child awaken? _____
What time does your child go to sleep at night? _____
Do they sleep through the night? _____
Does your child sleep in a bed or crib, other? _____
Does your sleep alone or with someone else? _____

_____

Are there any siblings? Please name them and specify ages and gender.
Name _____ age _____ gender _____

Name _____ age _____ gender _____
Name _____ age _____ gender _____
Has your child had experience playing with other children? _____
_____
Please give a brief description of your child's disposition. Is he friendly by nature, aggressive, shy, withdrawn, imaginative, demanding? Etc.
_____
How does your child show his/her feelings?
When afraid: _____
When happy: _____
When angry: _____
When intolerant: _____
What forms of discipline are most often used in child's home?
_____
_____

How does your child feel about daycare and being left by his/her mommy/daddy?
_____
Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?
_____
_____
What language(s) are spoken at home?
_____
Does your child have any security objects such as a blanket, soother, bottle, toy etc. ?
_____
How does your child behave when he is sick?
_____
How is your child most easily settled when upset or afraid?
_____
What are your child's favorite activities, toys, books, or games?
_____
Are there any other comments or information you would like to let me know about?
_____
_____
_____
_____
Have you read my policies and handbook?
_____
Are you in agreement with my payment policies and procedures?
_____
_____
_____

Any specific concerns?_____
_____
_____
_____

Parent Signature: _____ Parent Signature: _____

Referral Sources
(Please circle all that applies)

ADVERTISEMENT
Drive-by Sign
Craig's List
Flyer
Newspaper

REFERRAL
Parental Referral
Center Referral
FIP Referral
Subsidy Program Referral
Dept. Hum. Res

EMERGENCY CONTACT INFORMATION

Name _____

Address _____

_____

Phone # _____ **Cell#** _____

Relationship to Chilld: _____

Relationship to Parents: _____

**********Financial Agreement**********

CFC PRESCHOOL and CHILDCARE
1513 Sewells Point Road
Norfolk, VA 23502
(757) 904-3211

At the time of enrollment, the undersigned parent or guardian understands that care will be billed at the rate of $_____ **per week, per child(ren) or family**, based on care being provided from the hours of _____to_____ each day (Monday – Friday).
Also, a **nonrefundable annual fee of $_100.00 for** registration is required yearly. A two-week notice is required before the termination of the contract with **CFC Preschool**. If insufficient notice is given or immediate termination, the parent is obligated to pay for the two weeks. I also agree to any other stipulations as set forth in the fee and financial guidelines in the parent handout. If you receive assistance from a program, the proper authorities will be notified, which can prevent you from getting assistance from any other city/state until your bill is satisfied with us. This is a legal and binding contract.

_____
(Signature of Parent or Guardian) (Date)

_____
(Signature of Parent or Guardian) (Date)

_____
(Signature of Provider) (Date)

Release and consent forms

The following is a release form for the below-listed items:

Parents must permit basic medical assistance or emergency care, including potential hospital visits, in the event of an injury or accident at this facility. By signing below, you acknowledge that CFC Preschool and Childcare staff have your consent.

Child/'s Name_____

Parents' Signature_____

Parents' permission to use the child's Photos on websites, brochures, and other publications. It helps us advertise and share your child's excitement and pride in daycare/preschool. By signing below, you permit the use of your child or children, _____, to be filmed and photographed and to use his/her picture in the exhibition of CFC Preschool. All rights to photos and recordings are solely the property of CFC Preschool.

During the spring and summer months, we play outside. If your child needs sunscreen, please provide it. This form also grants permission to apply the sunscreen provided by the parents for the child's or children's name: _____.
Please provide sunscreen for your child if necessary.

Children may require non-toxic insect repellent throughout the year, which is to be provided by the parents. By signing below, you acknowledge that CFC preschool has permission to apply bug repellant to the child or children's, _____as supplied by the parent.

Parent's name printed_____

Parent's signature _____

Dates _____

Updated 01/22/2025