

# GIGGLES & WIGGLES DAY CARE

## ADMISSION FORM

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Placement Date: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ Nick Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Father: Social Security Number# \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Other: \_\_\_\_\_

Home Address (If Different from child) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Business Address: \_\_\_\_\_ Work Phone# \_\_\_\_\_ Ext: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Mother: Social Security Number# \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Other: \_\_\_\_\_

Home Address (If Different from child) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Business Address: \_\_\_\_\_ Work Phone# \_\_\_\_\_ Ext: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Persons Authorized To Pick-Up My Child From GIGGLES & WIGGLES DAY CARE

No child may be released from the provider's home to any person other than his/her parents or other person currently designated in writing by such parent to receive the child. Those people authorized to pick-up the child need to present photo identification each day until easily recognized by the provider.

**Full Name:** \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Relationship To Child? \_\_\_\_\_

Does your child know this person ? \_\_\_\_\_

**Full Name:** \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Relationship To Child? \_\_\_\_\_

Does your child know this person ? \_\_\_\_\_

**Full Name:** \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Relationship To Child? \_\_\_\_\_

Does your child know this person ? \_\_\_\_\_

**Full Name:** \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Relationship To Child? \_\_\_\_\_

Does your child know this person ? \_\_\_\_\_

**Full Name:** \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Relationship To Child? \_\_\_\_\_

Does your child know this person ? \_\_\_\_\_

Parents are \_\_\_\_\_ Married \_\_\_\_\_ Divorced

If custody of the child/ren is an issue, then the enrolling parent must provide a current copy of the Court-Order, outlining the instructions of the arrangement, before daycare can withhold the child from the other parent.

**Emergency/Medical Information: Please put N/A if question do not apply to your child.**

If neither, parent or guardian can be reached in case of an emergency call: \_\_\_\_\_

\_\_\_\_\_

Child's Doctor (name, address, phone): \_\_\_\_\_

Child's Dentist (name, address, phone): \_\_\_\_\_

Child's Hospital of Choice: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

What illnesses has your child had in the past month? \_\_\_\_\_

What treatment was given? \_\_\_\_\_

When was the last prescription medicine given to this child? \_\_\_\_\_

Has your child had any illness in the past 24 hours? \_\_\_\_\_

If so, describe illness and treatment: \_\_\_\_\_

Allergies child may have: \_\_\_\_\_

Date of recent physical: \_\_\_\_\_

Special Instruction: \_\_\_\_\_

**Child's Normal Schedule:**

Breakfast for the child usually consist of \_\_\_\_\_

Time the child usually eats breakfast \_\_\_\_\_

Time the child usually takes AM nap is \_\_\_\_\_

Time the child usually wakes up from AM nap is \_\_\_\_\_

Time the child usually eats lunch is \_\_\_\_\_

Time the child usually takes PM naps \_\_\_\_\_

Time the child usually wakes up from PM nap is \_\_\_\_\_

**Information About Child:** Please put N/A if question do not apply to your child.

Please give information concerning your child, which will be helpful to the childcare provider.

Play Habits: \_\_\_\_\_

Eating Behavior: \_\_\_\_\_

Sleeping Pattern: \_\_\_\_\_

Fears: \_\_\_\_\_

Likes and Dislikes: \_\_\_\_\_

Other: \_\_\_\_\_

The child's temperament is usually \_\_\_\_\_

Does the child have a comfort item for resting? Yes No If yes what is it? \_\_\_\_\_

Your routine for putting the child to sleep is \_\_\_\_\_

He/She likes to sleep on their Stomach, Back or Side \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

If not, are they trying to use the toilet? \_\_\_\_\_

What words does he/she use for the bathroom? \_\_\_\_\_

Does your child have any special needs or behaviors I need to be aware of? \_\_\_\_\_

\_\_\_\_\_

Do you have a back-up provider? Yes No

If yes, Name, address, and phone number: \_\_\_\_\_

\_\_\_\_\_

Previous experience(s) in childcare (include dates): \_\_\_\_\_

\_\_\_\_\_

**Information About Child:** Please put N/A if question do not apply to your child.

Are there any holidays you DO NOT want to participate in? \_\_\_\_\_  
\_\_\_\_\_

Are there any foods you DO NOT want your child to eat? \_\_\_\_\_  
\_\_\_\_\_

Any other information about your family or child that you wish us to know:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permission for Activities:**

I/We hereby give Carolyn Upshaw : \_\_\_\_\_ or Rebekah Adams: \_\_\_\_\_,  
permission to take my/our child \_\_\_\_\_, off the premises and on excursions that will take place  
during regular childcare hours. I understand, other than short trips to the park that I will be notified of any such trips beforehand.  
I understand that all trips will be supervised and that all precautions will be made for the safety of all the children.

This consent is for normal activities unless indicated below ~ the following activities may occur during the course of the day at  
Giggles & Wiggles Day Care. **Please initial** those activities your child **does not** have permission to participate in,

**Out-Door Play:** Jungle Gym:\_\_\_\_ Ride a bike\_\_\_\_ Ride in wagon:\_\_\_\_/stroller:\_\_\_\_ Go for walks:\_\_\_\_

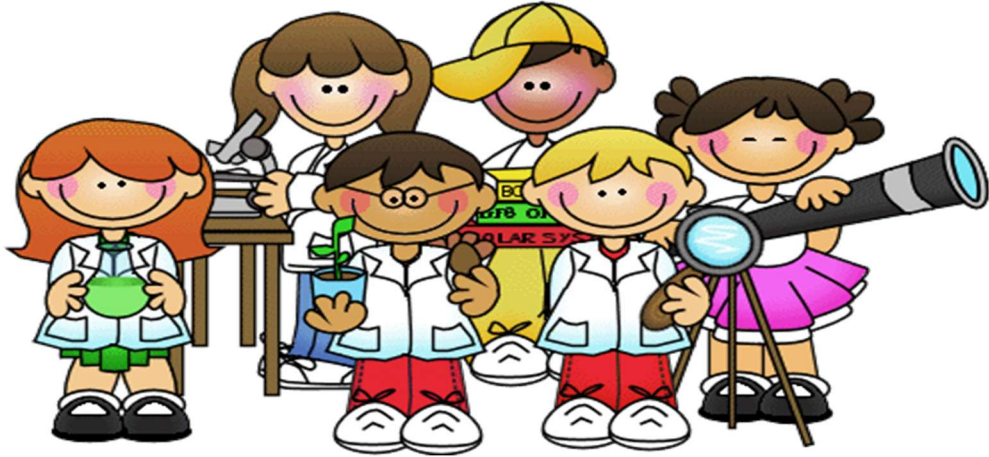
**Water Play** Slash Pool\_\_\_\_, Water Tables\_\_\_\_, Spray Parks\_\_\_\_ In-ground Swimming Pool\_\_\_\_

Ride in provider's car:\_\_\_\_ (Field Trips to the park:\_\_\_\_ or Community events:\_\_\_\_

Are there any other activities in which your child should not participate?  
\_\_\_\_\_  
\_\_\_\_\_

**Photo Permission:**

I/We give permission for Carolyn Upshaw to use our child's: \_\_\_\_\_ photograph  
on Carolyn Upshaw/ Giggles and Wiggle's face book page, website, fliers, brochures, or any other publication relative  
to Giggles and Wiggles Day Care Care. We realize that our child's first or last name will not be used in such  
publications.



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## GIGGLES & WIGGLES DAY CARE ADMISSION FORM

I/We certify that all of the information given on pages 1 through 6 of the Admission forms are correct and accurate to best of our knowledge. I/We promise that I/we will notify provider: Carolyn Upshaw, of any changes of information.

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Mother's Signature

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Date

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Father's Signature

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Date

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Provider's Signature

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Date