



# Child Admission Record

Date of Enrollment: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**General Information:**

Date of Birth: \_\_\_\_\_

Identity Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Father/Guardian Information:**

Father or Guardian Name: \_\_\_\_\_

Father's Identity Number: \_\_\_\_\_

Father's Contact Phone Numbers: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Mother/Guardian Information:**

Mother or Guardian Name: \_\_\_\_\_

Mother's Identity Number: \_\_\_\_\_

Mother's Contact Phone Numbers: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Emergency/Medical Information:**

If neither parent nor 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: \_\_\_\_\_

Medical Aid 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: \_\_\_\_\_

**Family/Home Information:**

Other children in family (list relation): \_\_\_\_\_

Other adults in family (list relation): \_\_\_\_\_

**Child's Normal Schedule:**

Breakfast for the child usually consists 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 nap is \_\_\_\_\_

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

**Information About Child:**

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

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

Eating Behaviour: \_\_\_\_\_

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 behaviours I need to be aware of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Child Care Information:**

Do you have a back-up provider? Yes No

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

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

\_\_\_\_\_  
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 AMATUS KIDS ACADEMY permission to take my/our child, \_\_\_\_\_,  
off the premises and on excursions that will take place during regular childcare hours. I understand that  
I will be notified of any such trips beforehand, that trips will be supervised and that all precautions will

be made for the safety and well being of all the children. I/We also understand that AMATUS KIDS ACADEMY will not be liable for any accident or injury.

Consent is for normal activities unless indicated below. The following activities may occur during the course of the day at AMATUS KIDS ACADEMY.

Please initial those activities your child **does not** have permission to participate in:

- \_\_\_\_\_ Ride in provider's car (trips to the park, going to the store. Children will be in proper car seats during trips.)
- \_\_\_\_\_ Go for walks
- \_\_\_\_\_ Ride a bike
- \_\_\_\_\_ Play in water
- \_\_\_\_\_ Go to a park
- \_\_\_\_\_ Ride in pram
- \_\_\_\_\_ Go on field trips

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

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**Photo Permission:**

I/We give permission for AMATUS KIDS ACADEMY permission to use our child's, \_\_\_\_\_, photograph on the website, fliers, brochures, or any other publication relative to AMATUS. We realize that our child's first or last name will not be used in such publications.

**Child Release Information:**

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 (including parents) need to present photo identification each day until easily recognized by the provider.

The following persons have my permission to pick up my child from the provider's home:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

I/We certify that all of the information given on this form is correct and accurate to our best knowledge.

I/We promise that I/we will notify the provider, if any or all of the information changes.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date