

# Oak Park Early Learning Academy

## Child Enrollment Form

Date of Enrollment: \_\_\_\_\_  
Child's First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Child's Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Present Age: \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F  
Verification Document: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



Mother's First Name: \_\_\_\_\_ Mother's Last Name: \_\_\_\_\_  
Mother's Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mother's SSN: \_\_\_\_\_ DL Number: \_\_\_\_\_

**Check here: To receive Oak Park Kids' FREE email newsletters. Have your child's weekly activity calendar, weekly meal menu & upcoming events delivered straight to your inbox! Plus, discover tips & ideas for creating a fun, learning environment at home.**



Father's First Name: \_\_\_\_\_ Father's Last Name: \_\_\_\_\_  
Father's Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Father's SSN: \_\_\_\_\_ DL Number: \_\_\_\_\_

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**Service Needed Questionnaire:**

Are you looking for full-time child care ( Monday – Friday)? \_\_\_\_ Yes \_\_\_\_ No

Are you looking for part-time child care? \_\_\_\_ Tuesday/Thursday \_\_\_\_ Monday/Wednesday/Friday

Beginning date needing child care services: \_\_\_\_\_

Hours needed:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_



**About Your Child:**

Has your child ever been in child care before? \_\_\_\_\_

If so, what type? (center, family, ministry daycare) \_\_\_\_\_

Was it a positive experience? \_\_\_\_\_

Why are you looking for child care? \_\_\_\_\_

How does your child feel about daycare and being left by parents? \_\_\_\_\_

Are there any recent traumatic situations the child has experienced, such as death, divorce, new sibling? \_\_\_\_\_

What is your child's temperament? i.e. Easy going, hard to please, demanding, assertive, bashful? \_\_\_\_\_

What time does your child awaken? \_\_\_\_\_

What time does your child go to sleep at night? \_\_\_\_\_

Do they sleep through the night? \_\_\_\_\_

What languages are spoken at home? \_\_\_\_\_

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

First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_



**What You Are Looking For In Child Care:**

Please describe the type of child care services that you are looking for to meet your child's needs and your family needs:

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

**Authorized Individuals:**

Person(s) authorized to remove your child from Oak Park Early Learning Academy at end-of-day and/or due to sickness/emergencies. All authorized individuals must be approved by both legal guardians and/or in accordance with legal documents, through initials and dates.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Mother's Initials: \_\_\_\_\_ Date: \_\_\_\_\_ / Father's Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
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Mother's Initi  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Mother's Initials: \_\_\_\_\_ Date: \_\_\_\_\_ / Father's Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Mother's Initials: \_\_\_\_\_ Date: \_\_\_\_\_ / Father's Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
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**Medical Records:**

List the following information to be used in case of an emergency:

Physician's Name: \_\_\_\_\_  
Physician's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physician's Phone Number: \_\_\_\_\_



Dentist's Name: \_\_\_\_\_  
Dentist's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dentist's Phone Number: \_\_\_\_\_



**Child's Health Questionnaire:**

A copy of your child's immunizations and current physical will be needed for enrollment.

General state of health: \_\_\_\_\_

Immunizations up-to-date?: \_\_\_\_\_

Does your child have any known allergies? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

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 any of the following childhood illnesses? Please circle.

- |                         |                 |               |                |
|-------------------------|-----------------|---------------|----------------|
| Constipation            | Nose Bleeds     | Asthma        | Measles        |
| Convulsions             | Lice            | Bronchitis    | Mumps          |
| Diarrhea                | Ringworm        | Chicken Pox   | German measles |
| Fainting Spells         | Skin Rash       | Diabetes      | Polio          |
| Frequent Colds          | Stomach upsets  | Heart Disease | Scarlet Fever  |
| Frequent Ear Infections | Urinary problem | Hepatitis     | Tuberculosis   |
| Frequent Sore Throats   | Worms           | Impetigo      | Whooping Cough |

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

Does your child have any disability? \_\_\_\_\_

Does your child have an IEP or IFSP? \_\_\_\_\_ If yes, please provide a copy upon enrollment.

Would there be any restrictions to play or activities? Describe. \_\_\_\_\_

Are there any food restrictions? \_\_\_\_\_



Anything else that you would like to let me know about?

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