

Hillcrest Child Development Center

Registration Form – Revised Fall 2009

Child's Name Birth Date / Current Age

Street Address Male/Female

City Zip

Home Phone Cell Phone (Father) Cell Phone (Mother)

Father's Name Mother's Name

Father's Occupation Mother's Occupation

Father's Work Phone Mother's Work Phone

Email Address (Father) Email Address (Mother)

Name of Your Church Do not have a church home and would
like information about Hillcrest
Please circle if interested

Please List Siblings

Name Birth Date / Age

Name Birth Date / Age

Name Birth Date / Age

Has your child ever been enrolled in any other childcare facility? If so, where?

Name of Facility Phone Number

Address (City, State, Zip)

Reason(s) for leaving the facility listed above.

Hillcrest Child Development Center

Staff Information Form

FAMILY

What language is spoken in your home? _____

Does your child have pets? YES NO

If yes, what are they? _____

Have there been any big changes in your child's life in the past 3 months (new baby, move, loss of job, etc.) If so, please explain.

Do you anticipate any big changes in the coming months? If so, please explain.

FOOD

What foods does your child dislike? _____

What foods does your child like? _____

Does your child feed him/herself? _____

Approximate times your child eats: Breakfast _____ Lunch _____ Supper _____

SELF-CARE

Is your child in diapers? YES NO Comment: _____

Has training begun? YES NO Comment: _____

Is your child trained? YES NO Comment: _____

Does your child need help? YES NO Comment: _____

SOCIAL/EMOTIONAL DEVELOPMENT

Does your child separate easily from you? YES NO

Please comment: _____

Is your child afraid of anything? YES NO

Please comment: _____

Does your child cry or get upset easily? YES NO

Please comment: _____

Does your child have a favorite toy, blanket or soother? YES NO

Please comment: _____

Does your child have the opportunity to play with other children frequently? YES NO

Please comment: _____

Has your child ever been in a childcare situation before? (Nursery, day care, etc.)

Yes _____ No _____

Does your child attend other schools? YES NO Where? _____

Does your child attend Sunday School Class? YES NO Where? _____

What activities does your child enjoy?

HEALTH/WELLNESS

Is your child taking any medicine on a daily basis? If so, please list.

****Medication is not given at HCDC.****

****Please refer to our handbook for specific guidelines.****

Please list any allergies and the reaction your child has to the allergy below.

Allergy

Reaction

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list any other information (existing illnesses, special problems, etc.) that might be helpful for our staff to know in regard to your child.

REFERENCES

How did you hear about our program?

Who may we thank for referring you and your family?

Why did you choose this school for your child(ren)?
