

Leaps and Bounds Christian Daycare and Preschool
A division of Leap of Faith Ministries, Inc.
A private Christian child care ministry
Enrollment Form

The following forms must be completed in full and returned before your child may attend the program.

	Please check if completed and returned
Enrollment Form	_____
Signed Policy	_____
Copy of Birth Certificate	_____
Emergency Medical/Dental Authorization	_____
Field Trip/School Transportation Permission Slip (4 years and older)	_____
Physical with complete and updated shot history* (check for appropriate shots)	_____
Supply list for classroom (3 years and up only)	_____
Infant Feeding and Nap Schedule (for infants only)	_____
Suggested Feeding Plan Form (for infants only)*	_____
Over-The-Counter Medication Order (optional)*	_____

*to be filled out by child's physician

Starting date of child _____

Days Child will attend (MTWTF) _____

**Initials of STAFF that
has checked paperwork**

Child's General Information

Child's Name _____ Home Phone _____

Address _____ Zip _____

City _____ State _____ County _____

Age _____ Child's Birth date _____ Sex _____

Name and Address of Child's Physician _____

Name and Address of Hospital Preferred _____

Desired Starting Date _____ / _____ / _____

Parent's or Guardian's General Information

S.S.# _____

Mother's Name _____ Home Phone _____

Mother's Address _____ Zip _____

City _____ State _____ County _____

Mother's Employer _____ Work Phone _____
Cellular Phone _____
Pager _____

Occupation or Department _____ Supervisor _____

Employer's Address _____

Work Schedule (beginning to end) from _____ .m. to _____ .m.

S.S.# _____

Father's Name _____ Home Phone _____

Father's Address _____ Zip _____

City _____ State _____ County _____

Father's Employer _____ Work Phone _____
Cellular Phone _____
Pager _____

Occupation or Department _____ Supervisor _____

Employer's Address _____

Work Schedule (beginning to end) from _____ .m. to _____ .m.

Marital Status of Mother: _____ Marital Status of Father: _____

Names of any and all persons authorized to pick up the child and their relationship to you or the child, including names of child's parents, if appropriate.

1. _____	Relationship _____
2. _____	Relationship _____
3. _____	Relationship _____
4. _____	Relationship _____
5. _____	Relationship _____
6. _____	Relationship _____

Note to divorced/separated parents: You must have a restraining order or a copy of your divorce decree that states you have sole custody in your child's file if you do not want your spouse/ex-spouse to pick up your children. If we do not have these items in your child's file, legally we must release them. If your divorce decree states joint custody then we cannot stop your spouse/ex-spouse from picking your child up.

Names and telephone numbers of any and all persons who can be contacted in case of an emergency when the child's parents or guardians cannot be reached:

1. _____	Telephone number _____
2. _____	Telephone number _____
3. _____	Telephone number _____
4. _____	Telephone number _____

Other Information Regarding Child

Other Child Care facilities attended: _____

Reason for withdrawal: _____

Child's brothers and sisters:

Name	Sex	Age	School Presently Attending
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____

Social Activities and Characteristic Behavior

How does the child react to other children? _____

How does the child react to adults? _____

How does the child react to new situations? _____

Signs of insecurity/fear _____

Is the child afraid of anything? _____ If so, please explain _____

Does the child have attachments to any toys, blankets, etc.? _____

Discipline

How is the child disciplined at home? _____

What type of discipline works best for this child? _____

Please list any discipline problems _____

Sleeping and Toilet Habits

Does the child take an afternoon nap? _____ Sleep all night? _____

Is the child toilet trained? _____ Can the child go without help? _____

Does the child need to be reminded when to go to the bathroom? _____

Please give any other information about the child which you feel would help us in working with your child. _____

Thank you for taking the time to complete your child's enrollment form. We look forward to working with you and your child.

Leaps and Bounds

Lisa Daugherty, Secretary and Director

Scott Daugherty, President of the Board and Administrator