



## Baby Bear Family Day Care Registration Form

Please print this form and fill out completely. You may fax or mail this Registration Form back to the provider if you are interested in starting care for your child, however, placement cannot be guaranteed unless you have confirmed arrangements with the provider, completed an enrollment contract and paid a deposit fee.

Child's Name:	Today's Date:				
Date of Birth:	Nickname:				
Child's Age:	Start Date:				
Name of Mother:	Name of Father:				
Address:	Address:				
Home Phone:	Home Phone:				
Work Phone:	Work Phone:				
Cell Phone:	Cell Phone:				
Requested Days:	Requested Hours:				
Has your child had previous experience away from home?					
How did you hear about us?					
Would you like to be provided with references?					
Are you interested in a Preschool Program (ages 2-1/2+)					
<b>Child's Health History</b>					
Does your child have any known health problems?					
<input type="checkbox"/> Eczema	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Polio	<input type="checkbox"/> Earaches	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Frequent Colds
<input type="checkbox"/> Croup	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Measles	<input type="checkbox"/> Influenza	<input type="checkbox"/> Asthma	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Tonsillitis	<input type="checkbox"/> HIV or Aids	<input type="checkbox"/> Mumps	<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Bronchitis
<input type="checkbox"/> Injuries (please list)			<input type="checkbox"/> Allergies (please list)		
Does your child take medication on a regular basis? (please list)					
Do you have any concerns about your child's development?					