

516-934-0813



Registration Form

CHILD'S INFORMATION:

Child's Full Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Nickname: _____ **PARENT/GUARDIAN**

INFORMATION:

Mother's Full Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Work Phone: _____

Name of Employer: _____ Cell Phone: _____

Business Address: _____ City: _____

Work Hours: _____

PARENT/GUARDIAN INFORMATION:

Father's Full Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Work Phone: _____

Name of Employer: _____ Cell Phone: _____

Business Address: _____ City: _____

Work Hours: _____

Parent(s) Guardian(s) with legal custody: _____

CHILD PICKUP INFORMATION:

Please list below the people who have *Permission* to pick up your child.

* Note: Anyone picking up your child must have picture ID.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

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Let's Get Acquainted

My name is: _____ My nickname is: _____

I have _____ brothers and _____ sisters, their names and ages are:

My favorite activity is : _____ My favorite food is: _____

My least favorite food is: _____

My favorite person is: _____ My favorite toys is: _____

I am afraid of: _____

I can do all these things by myself: _____

Is your child on bottle or pacifier? _____ If so, when does your child take? _____

Has your child had previous day care experience? _____

Describe these experiences:

What type of behavior modification (discipline) is used at home? _____

Dos your child eat unaided: _____ Does he/she enjoy eating? _____

Is your child still on a bottle? Yes or No, If yes when does your child take?

Does your child have a special diet? _____

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Let's Get Acquainted

Due to your child's tastes, allergies, reactions, and/or religious beliefs, are there any food, which should not be served to your child?

Please list these foods: _____

How does your child go to sleep? _____

Are there special dolls or toys he/she needs in order to go to sleep?

What is the usual time and length of naps taken each day?

How long does he/she sleep at night? _____

Please list any personal habits, thumb sucking, nail biting, etc. _____

What are your main expectations of this daycare? _____

Does your child have any special needs? If yes please describe: _____

Is your child on any medication daily? If yes, what kind of medication. _____

Any other things you think I should know to help to get to know your child? _____

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Let's Get Acquainted

This form filled out by: _____

Relationship to child: _____

Date: _____ Age of child _____ DOB: _____

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Health Care Plan

This day care will provide care of "Well Children" (Children who do not show any symptoms of mild or moderate illness as defined below:

1. The child has symptoms of a minor childhood illness which does not represent a significant risk of serious infection to other children. Ex: colds, ear infections, low-grade fever (a temperature of no more than 101 degrees).
2. The care of the mildly ill child does not interfere with the care or supervision of the other children.
3. The child has no symptoms from the Exclusion Guideline.
4. We can administer over the counter topical ointments, sunscreen and topically applied insect repellent. Parental permission is required.

Margaret Whittington and Our Nest Daycare have my permission to administer over the counter topical ointments, sunscreen and topically applied insect repellent (to be supplied by parent).

Parent's Signature

Date

Parent's Signature

Date

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Behavior Modification

At one time or another, all children challenge us with their behavior. Helping children gain self-control is an integral part of our day care that provides important opportunities to teach children a variety of skills. Below are our strategies for guiding children's behavior:

Every attempt will be made by our staff to maintain a positive atmosphere where behavioral problems are minimal. However, when unacceptable behavior occurs, we will respond in the following manner:

1. Redirect to a different area and/or activity.
2. Verbal reminders about acceptable behavior.
3. A supervised short time for thinking away from the other children.

If unacceptable behavior is an ongoing problem, parents will be notified. In accordance with New York State laws, corporal punishment in any form will never be used at our day care.

Parent's Signature

Date

Parent's Signature

Date

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Nap/Rest Time

1. Infant children will be brought to the comfy room and placed in the pack and play cribs on their backs to sleep. Toddlers will have a mat and sleep on the floor.
2. Toddlers might be placed in the playroom to nap with their mats on the floor if the infants are not going to sleep and will keep toddlers awake.
3. We will either have an adult with all children or use an intercom system with the door open from the napping room into the kitchen. The adult will be no further than the kitchen while any child is napping.

Parent's Signature

Date

Parent's Signature

Date

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Permission from Parents

If your child must use a specific brand of any of the products listed, please indicate the brand name of the product next to the category. If any brand is acceptable, just check yes or no beside the product.

- Yes No Insect Repellant
- Yes No Sunscreen
- Yes No First Aid Cream/Spray
- Yes No Triple Antibiotic Cream/Ointment
- Yes No Neosporin
- Yes No Bacitracin
- Yes No Vaseline
- Yes No Antiseptic Cream/Spray
- Yes No Bee Sting Pads
- Yes No Diaper Cream
- Yes No Bum Cream

I, _____, give permission to my child care provider(s) to apply topical over the counter ointments to my child, _____, according to the directions on the label. I understand that the stocked brand may be used unless I have indicated a specific brand above and have provided the product and the child's full name is clearly marked on the product. This permission will be in effect from _____ to _____.

Parent's Signature: _____

