



DREAM

Infant / Toddler ENROLLMENT Application

CHILD INFORMATION

Child Name:

Date of birth:

Male

Female

Phone:

Age:

Race:

Special Needs:

Current address:

City:

State:

ZIP Code:

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:

Address:

City:

State:

ZIP Code:

Email:

Phone:

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:

Relationship to Child:

Phone:

Physician Name:

Phone:

Preferred Hospital:

Allergies:

PICK-UP AUTHORIZATION

Name

Phone

CONSENT TO EMERGENCY FIRST AID & TRANSPORTATION

In the event of an emergency, I hereby give permission for my child to be given emergency treatment by a staff member at DREAM. I also give permission for my child to be transported by ambulance to an emergency center for treatment and agree to hold DREAM and its employees harmless.

Parent Signature:

Date:

CONSENT TO MEDICAL TREATMENT

In the event that I cannot be contacted immediately, medical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold DREAM and its employees harmless.

Parent Signature:

Date:

MEDIA RELEASE

With my signature below, I give permission for DREAM to photograph my child for the purpose program advertisement for the DREAM website and program bulletins recruitment, newsletters and media that promote student and program success.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent Signature:

Date:

Infant & Toddler Social Assessment Form

Child's Name:

Does your child have a nickname? Yes No

If yes, what is it?

Parent/Guardian Name

Workplace:

Work Phone:

Cell:

FAMILY

Names and ages of brothers & sisters

What language is spoken in your home:

FOOD

Is your child breast fed? Yes No

If yes, do you plan to continue breast feeding? Yes No

If yes, how do you plan to carry this out?

What is your child's feeding schedule?

Do you supplement? Yes No

What position does your child like to be in while bottle feeding?

What position does your child like to be in while being burped?

Has your child been introduced to solids?

If yes, what identify:

What types of foods does your child like/dislike?

SLEEP

Describe your child's sleep routine (include naps & lengths of naps):

Does your child usually cry when going to sleep? Yes No

Where does your child normally sleep?

DIAPERING

What type of diapers does your child wear:

Describe your child's diapering routine (include double diapering, liners, creams, powders etc.)

Is your child prone to diaper rash?

SOCIAL/EMOTIONAL DEVELOPMENT

Describe your child's temperament: (i.e. colic, likes to cuddle)

What signs does your child give of being hungry, tired or overstimulated? (i.e. pulls at ears, rubs eyes):

Does your child separate easily from you? Yes No

Is your child afraid of anything? Yes No

Does your child have a favorite toy, blanket or soother? Yes No

Please identify: _____

What activities does your child enjoy:

Please provide any additional information relating to your child that would be most helpful in understanding and caring for your child:

X

Parent Signature

X

Date