



# 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 of brothers & sisters	Age
_____	_____
_____	_____
_____	_____

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?

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

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Has your child been introduced to solids?       Yes       No

If yes, what identify: \_\_\_\_\_

What foods does your child like/dislike? \_\_\_\_\_

**SLEEP**

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

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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 use? \_\_\_\_\_

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

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Is your child prone to diaper rash?  Yes     No Treatment: \_\_\_\_\_

**SOCIAL/EMOTIONAL DEVELOPMENT**

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

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

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Does your child separate easily from you?       Yes       No

Please comment:

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Is your child afraid of anything?

Yes

No

Please comment:

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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 helpful in understanding and caring for your child:

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date