

ENROLLMENT FORM

ECHO Charter School Bottle Rockets Child Care

Date: _____

Child's name: _____

Child's age: _____

Child's Birthday: _____

Nickname: _____

Phone Number: _____

Address: _____

Contact Info:

Mom's name: _____

Address: _____

Dad's name: _____

Address: _____

Mom's phone information:

Home: _____

Work: _____

Cell: _____

Dad's phone information:

Home: _____

Work: _____

Cell: _____

Emergency contact person #1/Phone number and address: _____

Emergency contact person #2/Phone number and address: _____

Two persons authorized to pick up your child:

Person #1:

Name: _____

Address: _____

Phone: _____

Person #2:

Name: _____

Address: _____

Phone: _____

Do you have a backup care provider?

Service Information

Beginning date needing child care: _____

Hours you need child care:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Times you plan to drop your child off _____

Times you plan to pick up your child _____

About Your Child

Has your child ever been in child care before? _____

If yes, what type (center, family daycare, grandma, etc.): _____

Was it a positive experience? _____

How does your child feel about daycare and being left by his/her mom or dad?

Are there any recent traumatic situations the child has been exposed to, such as a death in the family, divorce, new sibling, et cetera.?

What is your normal method of discipline? _____

What is your child's temperament? Is he or she easygoing, hard to please, demanding, aggressive, et cetera?

Are there any food restrictions or food allergies?

What is your child's favorite food?

Which food/s does your child dislike?

Can your child be relied upon to indicate bathroom wishes?

What words does your child use for:

Bowel movements _____

Urination _____

What time does your child usually awaken?

What time does your child go to sleep at night?

Does your child sleep through the night?

Does your child sleep in a bed or crib, other?

Are there any siblings? Please name them and specify ages and gender.

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Has your child had experience playing with other children?

What language(s) are spoken at home?

Does your child have any security objects such as a blanket, soother, bottle, toys, et cetera?

What are your child's favorite activities, toys, books, or games?

Are there any other comments or information you would like us to know about?

Do you have any specific concerns?

Please return child care enrollment form and a \$25.00 enrollment processing fee to:
Bottle Rockets Child Care
101 Rocket Ave
PO Box 158
Echo, MN 56237

**Enrollment fee places your child's name onto the waiting list in the order of enrollments received. Make checks payable to: Bottle Rockets Child Care*

Field Trip Information

If children are going to go on a field trip off campus, parental signature will be required beforehand. Date, location, expected time of departure and return will be stated, along with means of transportation. Appropriate precautions concerning proper child seats and seatbelt will be explained. A sample field trip form follows.