

# Little Lambs Mother's Day Out Memorial Drive Baptist Church Enrollment Form

## *General Information:*

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Preferred E-mail \_\_\_\_\_

\_\_\_\_\_ Preferred Phone \_\_\_\_\_

Child lives with \_\_\_\_\_ Relationship \_\_\_\_\_

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## *Family Information:*

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Cell/home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Cell/home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Marital Status of Parents \_\_\_\_\_

If child is adopted, list age at adoption \_\_\_\_\_ Is child aware of adoption? \_\_\_\_\_

List any sibling(s) and age(s):

List any other people living in the home, and relationship:

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## *Health and Related Issues:*

Is your child toilet trained? \_\_\_\_\_ Is assistance needed? \_\_\_\_\_

What toilet phrases or words does your child use? \_\_\_\_\_

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*Church Background:*

Family church affiliation/church name \_\_\_\_\_

Does your child attend church? \_\_\_\_\_ Nursery? \_\_\_\_\_ How often? \_\_\_\_\_

Has child participated in Bible classes or Sunday School? \_\_\_\_\_

Little Lambs MDO uses Bible stories and lessons in our daily schedule.

If this concerns you, please feel free to speak with the Director.

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*Emergency/Pick-up Information:*

Who, other than you, is authorized to pick up your child?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number \_\_\_\_\_

Is there anyone, specifically, that is NOT allowed to pick up your child? \_\_\_\_\_

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Persons to be notified in case of an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Emergency Hospital Preference \_\_\_\_\_

By signing below, I agree to pay all fees and late fees. I also agree that Memorial Drive Baptist Church will not be financially responsible for any injuries or illnesses that may occur to my child while attending the Mother's Day Out program unless gross negligence is proved.

\_\_\_\_\_ Date \_\_\_\_\_  
Parent's Signature

*Home Life / Personality / Medical / Environment:*

What time does your child go to bed at night? \_\_\_\_\_ Wake-up time? \_\_\_\_\_

Does your child have any particular fears? \_\_\_\_\_

Does your child have problems with vision, hearing or speech? \_\_\_\_\_

If so, what assistance is required? \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

Does your child have any medical, physical, or emotional problems that we should be aware of? \_\_\_\_\_  
\_\_\_\_\_

Have there been any life changes in the last year that might affect your child? \_\_\_\_\_  
\_\_\_\_\_

Please list any food/drink allergies: \_\_\_\_\_

Explain (and include any measures we need to take on our end to keep him/her safe): \_\_\_\_\_  
\_\_\_\_\_

Any known environmental or medicinal allergies? Explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child have frequent colds? \_\_\_\_\_ Ear aches? \_\_\_\_\_

Sore throats? \_\_\_\_\_ Nose bleeds? \_\_\_\_\_

Fevers? \_\_\_\_\_ Stomach aches? \_\_\_\_\_

Has your child had any serious accidents or operations? Explain. \_\_\_\_\_

Does your child take any regular medications? \_\_\_\_\_

Note: A current copy of your child's immunization records must be on file with us.

How much television does your child generally watch each day? \_\_\_\_\_

What activities does your child enjoy? \_\_\_\_\_

What activities with Father? \_\_\_\_\_ Mother? \_\_\_\_\_

Does your child play well alone? \_\_\_\_\_ In groups? \_\_\_\_\_

Are there neighborhood playmates? \_\_\_\_\_ Extended family nearby? \_\_\_\_\_

What are the ages of the children that your child usually plays with? \_\_\_\_\_

Has your child had structured group play experience? (like preschool or another MDO)? \_\_\_\_\_ Where? \_\_\_\_\_

Does your child accept correction easily? \_\_\_\_\_

What method of behavior control is used in your home? \_\_\_\_\_

Please circle the terms below that best describe your child:

- |           |               |           |              |             |
|-----------|---------------|-----------|--------------|-------------|
| Happy     | Aggressive    | Friendly  | Moody        | Reserved    |
| Dependent | Stubborn      | Impulsive | Fearful      | Attentive   |
| Clumsy    | Energetic     | Sleepy    | Good-Natured |             |
| Curious   | Quiet         | Obedient  | Rebellious   | Independent |
| Creative  | Even-tempered |           |              |             |

Has your child learned to:

Say nursery rhymes? \_\_\_\_\_ Sing songs? \_\_\_\_\_

Listen to stories? \_\_\_\_\_ Say their name? \_\_\_\_\_

State their age and gender? \_\_\_\_\_ Write name? \_\_\_\_\_

Dress independently? \_\_\_\_\_ Count? \_\_\_\_\_ how far? \_\_\_\_\_

Recognize and name common objects? \_\_\_\_\_

Follow simple directions? \_\_\_\_\_ Hop on one foot? \_\_\_\_\_

Balance on one foot? \_\_\_\_\_ Name colors? \_\_\_\_\_

Throw a ball? \_\_\_\_\_ Catch a ball? \_\_\_\_\_ Ride a tricycle? \_\_\_\_\_

Draw a person? \_\_\_\_\_ Any other noteworthy accomplishments? \_\_\_\_\_

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Has your child been cared for by someone other than family? \_\_\_\_\_

Please describe: \_\_\_\_\_

Any other item/issue that you feel we should know about as we care for your child?

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