



Canton Day Care Center, Inc.
205 State Street Road
315-379-1829

Child & Family Registration Form

Child's Name: _____ DOB: _____

People living in household:

Name	Age	Relationship	Nickname

Has your child had previous childcare placement? Yes No If yes, where? _____

Is your child currently receiving or had early intervention services? Yes No

Pets: (Kind and name): _____

Favorite toys: _____

Favorite song: _____

Bedtime: _____ Wake-up time: _____

Does your child nap? _____ If yes, for how long? _____

Do you have any special ways of helping your child go to sleep/rest? _____

Does your child have any fears? (If yes, explain) _____

Does your child accept correction easily? _____

What form of discipline do you use at home? _____

Are there any safety concerns you have about your child? _____

Is your child toilet trained? Have accidents? Need reminders? (Please explain)

Does your child have any restrictions that would inhibit or prevent him from fully participating? Yes No

Does your child get frequent: colds sore throats earaches stomachaches

Is your child currently taking any prescription medicines or take any medicines regularly? Yes No

Do you observe any special cultural and/or religious events at home?

Is a language other than English used in the home? _____ What _____

Other important information you would like day care workers to know about your child.

What do you hope the program will provide your child?

Parent/Guardian Signature: _____ Date: _____