



MURFREESBORO, TN

Date of admission \_\_\_\_\_ Full name of child \_\_\_\_\_  
Child's birth date \_\_\_\_\_ Foreign Born? \_\_\_\_\_ What does the child like to be called? \_\_\_\_\_

**PARENTS:**

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Where Employed \_\_\_\_\_ Where Employed \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_  
Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

ADDITIONAL CUSTODY INFORMATION: \_\_\_\_\_

**TRANSPORTATION PLAN:**

To insure the safety of your child, please list other adults to whom your child may be released who authorized to provide transportation for your child.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**EMERGENCY INFORMATION:**

Name of person, other than guardians, authorized to act for parent in an emergency \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Where Employed \_\_\_\_\_  
Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_  
Name of Physician \_\_\_\_\_ Office Phone \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Any Food/Environmental/drug allergies? \_\_\_\_\_

**BACKGROUND INFORMATION:**

| Other children in the family | Birthday | School |
|------------------------------|----------|--------|
| _____                        | _____    | _____  |
| _____                        | _____    | _____  |

**EXPERIENCES WITH OTHERS:**

What are some of the ways in which the child plays at home? \_\_\_\_\_

Does he play with children from other families? \_\_\_\_\_ How? \_\_\_\_\_

Does he usually get his own way with other children? \_\_\_\_\_ If not, how does he react? \_\_\_\_\_

Is the entire family together for any time during the day? \_\_\_\_\_

**EATING HABITS:**

At what time does the child eat Breakfast? \_\_\_\_\_ Lunch? \_\_\_\_\_ Dinner? \_\_\_\_\_

Between meal snacks? \_\_\_\_\_ Does he feed himself? \_\_\_\_\_

What is his general attitude toward eating? \_\_\_\_\_

If he refuses to eat, how is this handled and by whom? \_\_\_\_\_

Favorite Foods \_\_\_\_\_

Disliked foods \_\_\_\_\_

If the child is an infant, use a separate sheet for information about the formula, bottle schedule, etc.

**SLEEP HABITS:**

Has room alone \_\_\_\_\_ Shares with other children \_\_\_\_\_ Rooms with Parents \_\_\_\_\_

At night sleeps from \_\_\_\_\_ to \_\_\_\_\_ Average hours \_\_\_\_\_

Naps from \_\_\_\_\_ to \_\_\_\_\_ Average hours \_\_\_\_\_

Attitude toward going to bed \_\_\_\_\_

If there is difficulty, how is this handled? \_\_\_\_\_

Habits associated with going to bed \_\_\_\_\_

Does he wet the bed? \_\_\_\_\_ At nap time? \_\_\_\_\_ At night? \_\_\_\_\_

If so, how is this problem handled? \_\_\_\_\_

**TOILET HABITS:**

Time at which child is taken to the bathroom \_\_\_\_\_

Does he take himself? \_\_\_\_\_ Time of bowel movement? \_\_\_\_\_ Regular? \_\_\_\_\_

Constipated? \_\_\_\_\_ Does he tell you when he needs to go to the toilet and go willingly? \_\_\_\_\_

Can he manage his clothes himself at the toilet? \_\_\_\_\_ What word does he use for urinating? \_\_\_\_\_

BM? \_\_\_\_\_

**SPEECH AND PHYSICAL GROWTH:**

Does he talk well? \_\_\_\_\_ Fairly well? \_\_\_\_\_ Not very well? \_\_\_\_\_ Not at all \_\_\_\_\_

Does anyone read to him? \_\_\_\_\_ How regularly? \_\_\_\_\_ At what age did he creep? \_\_\_\_\_

Crawl? \_\_\_\_\_ Walk? \_\_\_\_\_ Would you describe him as active or quiet; thin, heavy or average weight; tall, average height, or short; friendly or unfriendly? \_\_\_\_\_

Any other information you think we should have about your child \_\_\_\_\_

Yes, I give permission for my child's picture to be used on Kid's Connection website and social media sites.

I have received a summary of licensing requirements. I do hereby authorize emergency medical care.

No, I do not give permission for my child's picture to be used on Kid's Connection website and social media sites.

\_\_\_\_\_  
Signature of Parent(s)

Weekly Fee \$ \_\_\_\_\_

Date Toured \_\_\_\_\_

Date Child Enrolled \_\_\_\_\_

Date Child Withdrawn \_\_\_\_\_

Reason for Withdrawal \_\_\_\_\_