

**GREATER MORRISTOWN YMCA
RICHARD F. BLAKE
CHILDREN'S CENTER**

REGISTRATION FORM

Name of Child _____ *Date of Birth* _____

Address _____

Parent/Guardian _____

Home Phone _____ *Work Phone* _____

Cell Phone _____

Parent/Guardian _____

Home Phone _____ *Work Phone* _____

Cell phone _____

Marital Status:

Together _____ *Separated* _____ *Divorced* _____

Custody/Visiting Arrangements:

Brothers and sisters of Child: (Please list names and ages)

Other Members In House Household: (Please list name, relationship, age)

During what hours will your child regularly attend the Center:

Time: From _____ *AM/PM* *TO* _____ *AM/PM*

DAYS: MON TUES WED THURS FRI

*If your child regularly receives care by someone other than parents or Center.
Please state arrangement.*

Help us get to know your child and your family better by filling out the following questions.

Has child had any previous group play or day care experience? Explain:

Does child have any neighborhood playmates?

Please state the age at which your child:

Crept on hands and knees _____

Sat Alone _____

Walked _____

Names simple objects _____

Slept thru the night _____

Began toilet training _____

Successfully toilet trained _____

How does your child let you know when he/she needs to use the toilet?

If your child is in the process of being toilet trained, state, your procedure:

Does your child nap? _____ For how long? _____

Does your child dress themselves? _____ Undress? _____

Is your child right or left handed? _____

What time does your child usually eat breakfast? _____
Lunch? _____ Dinner? _____

Please state child's dietary restrictions due to allergie or other:

What time does your child usually go to bed at night? _____

Awaken? _____ Any sleep problems? _____

What are your child's favorite play activities?

Does your child have any pets?

Does your child have any special fears?

How does your child react to fearful situations?

What type of reassurances work best for your child during fearful situations?

Does your child have any speech difficulties?

Does your child have any physical handicaps?

Does your child have any special habits we should be aware of?

What method of behavior control/ or discipline are used in your home?

How would you describe your child's general personality?

What do you expect your child to gain from the child care experience?

If your child is under 2 ½ years old, please state as specifically as possible feeding instructions for your child. Include information on consistency and amounts of food, high chair, bottles, ability to use utensils, feeding schedule, and other information you feel will help us provide for a successful mealtime:

As specifically as possible, please state napping instructions for your child. Include special needs such as length of time, back-rubs, pacifier, etc., and other information you feel will help us provide for a successful naptime:

Use this space to tell us anything else you feel we ought to know about your child?

Signature of Parent/Guardian
Date _____

Director

