

Aardvark Child Care & Learning Center



New Family Form

Parent 1 – (Primary Contact)

Name: _____

Phone Number: _____

Email: _____

Address: _____

Parent 2 – (Secondary Contact)

Name: _____

Phone Number: _____

Email: _____

Address: _____

Marital Status: [] Married [] Separated [] Divorced [] Widowed [] Single (together) [] Single (not together)

Child Information –

Name: _____

Date of Birth: _____

Current Age: _____

Has the child attended a preschool before? Yes No

Does your child wear: Diapers Pull-ups None

If Yes, where? _____

Does your child have any of the following needs or circumstances? _____

- | | | | |
|--|-----|----|---------|
| - Allergies? | Yes | No | |
| - Dietary Restrictions? | Yes | No | |
| - IFSP/IEP? | Yes | No | |
| - Developmental Delays? | Yes | No | Unknown |
| o If unknown, are there any concerns that you would be interested in addressing? | Yes | No | |
| - Aggressive Tendencies? | Yes | No | |

If you answered Yes to any of the above questions, please elaborate:

Enrollment Information –

Days of Care: M T W R F

Hours of Care: _____ to _____

Start Date: _____

Please rank the following in order of importance:

- | | |
|----------|-------------------------|
| 1. _____ | a. Education & Teachers |
| 2. _____ | b. Safety & Supervision |
| 3. _____ | c. Toys & Equipment |
| 4. _____ | d. Health & Cleanliness |
| 5. _____ | e. Meals |

Parent Signature - _____

Date - _____

Your signature verifies that all of the above information is true and complete.