

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 or daycare 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

How would you pay tuition? (circle one)

- Dietary Restrictions? Yes No

Private Pay

- IFSP/IEP? Yes No

CCIS

- Developmental Delays? Yes No Unknown

Other: _____

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 explain:

Enrollment Information – Part time available for ages 3+

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.