*Registration Packet*

## Please send current photo of your child to: [loveinarmscare@gmail.com](mailto:loveinarmscare@gmail.com) or attach photo to this form. (Optional)



Child’s Name:

This form can either be filled out electronically (with Adobe Reader or Adobe Acrobat) or

you can print this form to fill out. If you are submitting this form electronically please save a copy to your computer and then email to [loveinarmscare@gmail.com.](mailto:loveinarmscare@gmail.com.%20) If you are mailing, please mail to:

Love In Arms Infant Care

Attn: Admissions

5786 Indigo Crossing Drive

Viera, FL 32956

### A non-refundable registration fee of $75.00 must be included with this registration form.

***This fee will hold your child’s place in the class until a contract is received.***

***Please mail registration fee to above address.***

*Love In Arms Infant Care does not discriminate in matters of employment, recruitment, admission, or the administration of any of its programs on the basis of race, creed, color, gender, nationality, or ethnic origin.*



Welcome to Love In Arms Infant Care!

Welcome to Love In Arms Infant care! We are so excited to welcome you into our family! It is an honor for us to have a pivotal role in your infant’s life, and we do not take this opportunity lightly. We recognize the importance of a quality childcare program, and we have made it a priority to continuously exceed your expectations. We are here to support your infant with materials that enable freedom of movement within safe boundaries. Your baby can explore, develop motor skills and engage their natural curiosity which will cause them to gain independence. We offer an active learning environment, full of language development and a nurturing one-on-one experience for your little one. We offer age-appropriate learning activities and multi-sensory learning through STEM activities. We introduce positive learning from the very beginning in our infant program. You will be amazed as your child reaches each milestone. We have highly qualified teachers with more than 25 years’ experience. So let the journey begin and let’s do it together.

# 

# Admission/Registration

# Current LIAIC Family? Yes No

# Previous LIAIC Family?Yes No

# Student Information Date:

First, Middle, Last Preferred Name Male/Female

Mailing Address City State Zip

Phone Number Date of Birth Family E-mail

Days of Week in Care: M T W TH F

# Parent Information

Preferred Title: Mr. Mrs**.** Ms. Dr. Preferred Title: Mr. Mrs**.** Ms. Dr.

|  |  |
| --- | --- |
| *Full Name* | *Full Name* |
| *Relation to applicant* | *Relation to applicant* |
| *Mailing Address* | *Mailing Address* |
| *City, State, Zip* | *City, State, Zip* |
| *Home Phone* | *Home Phone* |
| *Occupation* | *Occupation* |
| *Employer* | *Employer* |
| *Work Phone* | *Work Phone* |
| *Cell Phone* | *Cell Phone* |
| *E-mail* | *E-mail* |

If parents are separated or divorced, with whom does the child reside?

*Check if appropriate:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Parents*  *Married* | *Parents*  *Divorced* | *Parents*  *Separated* | *Father*  *Remarried* | *Mother*  *Remarried* | *Father*  *Deceased* | *Mother*  *Deceased* |
|  |  |  |  |  |  |  |



# Sibling Information

Please provide the following information on all applicants’ siblings:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Name* |  | *Current Grade/School* |  | *Age* |
| *Name* |  | *Current Grade/School* |  | *Age* |
| *Name*  ***School History*** |  | *Current Grade/School* |  | *Age* |

Name of present childcare (if applicable)

School Address

City State Zip Code Telephone (\_\_\_\_\_) Current Teacher

***Medical Information:***

**I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted:**

**Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please answer the following questions***

1. *Does this child have any health irregularities, allergies, or educational challenges which might interfere with normal classroom or physical activities?* *Yes* *No If yes, please explain.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. *What are your child’s Emergency Care Plan Instructions?*

­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. *Do you have any special instructions regarding eating habits, toileting, or other areas of concern?**Yes* *No*
2. *Is your child allowed to be photographed at our facility?* *Yes* *No*
3. *Are images of your child(ren) inclusive of, but not limited to photographs and video allowed for usage on social media pages and marketing material?* *Yes* *No*

**PLEASE READ AND SIGN THE ATTACHED DOCUMENTS.**

**THE DOCUMENTS ARE REQUIRED BY DEPARTMENT OF CHILDREN AND FAMILIES.**

*A picture containing graphical user interface

Description automatically generatedGraphical user interface, website

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*A picture containing graphical user interface

Description automatically generated* *A picture containing text, computer, screenshot

Description automatically generated*

*Text

Description automatically generatedText

Description automatically generated*



**Acknowledgment of Receipt of**

**Required Handbook Documentation**

Section 7.1 and 7.2 of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 7.3 of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, “Know Your Child Care Facility”. (CF/PI 175-24), or

Section 8.3 of the Family Day Care Home/Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, Selecting A Family Day Care Home Provider” (CF/PI 175-28)

Section 2.8 of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or

Section 2.3, of the Family Day Care Act Home/Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature indicated that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child’s records.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date



Policies & Procedures

**Tuition Policy**: All tuition payments are due on Monday of each week. If payment is not received by closing on Tuesday, a $20 late fee will be added to your account. If payment becomes delinquent more than two weeks, then your child will not be allowed to attend Love In Arms Infant Care until all fees and tuition are paid in full. Continual delinquency WILL result in withdrawal of enrollment. There will be a $35 fee for any returned checks.

**Pick Up/Drop Off**: All parents are required to sign their child(ren) in during drop off and sign them out during pick up. Children are not allowed to sign themselves in/out. Only authorized persons are allowed to pick up a child from our center. A parent/guardian MUST notify the center via writing of all authorized persons to pick up any and all children from our care. Love In Arms Infant Care assumes no liability if not properly advised. Proper identification will be required upon request before the child will be released.

When available Love In Arms Infant Care offers transportation as a courtesy. If your child will not be attending school or will be picked up early, it is the responsibility of the parent or guardian to notify us. Failure to do this will result in your child(ren) being removed from our pick-up list.

**Suspension**: Love In Arms Infant Care reserves the right to suspend any student for behavior that goes against the center's code of conduct or that may be deemed unsafe to the well-being of our children as well as staff. \*Any child suspended from public school will not be allowed to attend our center during regular school hours as we must abide by the teacher/child ratio set forth in the Florida Statutes. Love In Arms Infant Care reserves the right to discontinue enrollment of any student at any time due to noncompliance in regards to any center policy and/or procedures. In order to protect all our children our biting policy is as follows:

First offense – parent notification

Second offense -2 day suspension

Third offense - Expulsion. NO EXCEPTIONS.

**Medication Policy**: All medication must be submitted to the director or current supervisor. A parent/guardian must fill out an Authorization for Medication form giving the staff permission to administer the medicine. The center WILL ONLY administer medicine that is prescribed by a doctor. **NO OVER-THE-COUNTER MEDICATION**. Parents/guardians are also welcome to come to the center to give their child(ren) any medication. All medication must be in its original container, labeled with child's full name, name of drug, dosage, directions for administration date and physician's name. It is the parent's responsibility to communicate with the staff concerning any medication given at home prior to dropping child off. This information is important in the event of a reaction or emergency occurring at the center.

Classes, with the exception of VPK, begin at 9a.m. All enrolled children must be present and on time. If your child will not be in attendance or they will be late, please notify the center in advance. The full weekly tuition amount will be due regardless of the number of days attended. Each student is allotted one week of vacation (five consecutive days) per year without forfeiting their enrollment.

**\*Love In Arms Infant Care reserves the right to rescind enrollment based on inconsistent attendance.\***

**Attire**: At Love In Arms Infant Care, your child will experience a variety of activities. Appropriate clothing should be comfortable so that your child will be able to participate in all playground and art projects. Clothing should be weather appropriate and it is the parent's responsibility to provide a change of clothing for emergencies. Rompers, overalls, open- toed sandals should not be worn. Be sure to label all clothing. Love In Arms Infant Care will not be responsible for any damaged items.

**\*PLEASE BE ADVISED THAT ROMPERS/JUMPERS, OPEN TOE SANDALS AND OTHER CONSTRICTING CLOTHING ARE NOT APPROPRIATE.\***



**Discipline Policy of Love In Arms Infant Care**

Our goal Is to provide positive reinforcement as well as redirection when appropriate. In accordance with our policy and Florida guidelines, the following will NOT be used:

* Severe, humiliating or frightening discipline
* Discipline associated with food
* Spanking or any other form of physical contact punishment

Instead, we follow a program of classroom courtesy and consequences for unacceptable behavior (such as

warnings, quiet time, redirection, parental notification, etc.), in each action teaching by example. We

encourage students to;

* Show respect for others
* Keep hands, feet and objects to self
* Follow directions
* Use materials and property appropriately
* Treat others as one would like to be treated

If your child is disruptive, aggressive, destructive, disregarding another child's rights or disrespectful to the

teachers, he/she will be removed from the situation for 2-3 minutes and reminded of the appropriate

behavior. Your child will not be allowed to return to normal activities until he or she agrees to abide by the

rules. If child refuses to abide by the rules, the following actions will be taken:

1. A telephone call to the parent or guardian requesting that you speak to the child.

2. The parent or guardian may be called to remove the child from the premises for the rest of the day.

3. If a fight occurs or if your child is involved in a physical confrontation with a staff member or another child, 1st offense will be only on day suspension. Second offense will be dismissal from the program. We will not tolerate violence in any way.

4. Love In Arms Infant Care reserves the right to ask you to make alternative arrangements for the care of your child if destructive, aggressive behavior continues.

Love In Arms Infant Care wants to promote a secure and safe environment for all of our children and staff.

I, the parent and guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to the Discipline Policy of Love In Arms Infant Care. I have also received a copy of the Environmental Health Services Brochure, "Know Your Child Care Center."

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee/Parent Signature Date



**Tuition/Absence Policy**

All enrolled children should arrive at the center by 9am daily, as this is the time classes. If your child is not able to attend or will be late, please notify us in advance. The full weekly tuition will be due regardless of the number of days attended. Students are allotted one week of vacation (consisting of five 5 consecutive days) without forfeiting their enrollment.

Love In Arms Infant Care will be closed for the following holidays, under the condition they fall on a weekday:

New Year's Eve Good Friday Thanksgiving Day

New Year's Day Memorial Day Day After Thanksgiving

Day After New Year’s Independence Day Christmas Day

Martin Luther King Day The Last Week in July Labor Day

President's Day Veteran’s Day Columbus Day

Juneteenth

These holidays are subject to change. Parents will be notified of any changes in advance. These days have been accounted for in the price of tuition; therefore will not be subtracted from weekly tuition rate. By signing below, you agree to be responsible for your child’s tuition charges while enrolled at Love In Arms Infant Care. You also agree to inform us of any changes to the above information and to provide us with updated immunization records and physicals when needed (if child is not yet enrolled in elementary school).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name



Price Sheet 2024

Effective July 1st, 2024 – June 30th, 2025

**PLEASE CONTACT US FOR CURRENT RATES**



**School Wellness Policy**

Love In Arms Infant Care strives for healthy minds as well as healthy bodies. Your child's health is a matter of major importance to us. If your child becomes ill you will be requested to pick up your child immediately. In such event, your child will be isolated from the other children until you arrive. In order to keep our classrooms and staff well, children with contagious illnesses are not permitted to attend school until they are no longer contagious. Children with any of the following signs of illness should not attend school.

Fever Constant Cough Rash Constant Wheezing

Impetigo Constant Nasal Discharge Vomiting Head Lice

Diarrhea Heavy green/yellow nasal discharge Constant Sneezing Signs of Contagious Disease

All children sent home from school because of illness must have a doctor's note in order to return to school.

**Medication Policy**

All medication must be submitted to director or current supervisor. Parent must sign a form giving Love In Arms Infant Care Staff permission to administer medicine. All medication must be in its original container, labeled with child's full name, name of drug, dosage, directions for administration, date and physician's name. No over-the-counter medication will be given unless accompanied with a prescription from the doctor. (Example: Tylenol or cough syrup). It is the parent's responsibility to communicate to the staff concerning any medication administered at home. This information is important in the event of a reaction or an emergency occurring at the center.

I have read and understand all of the above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date



Parent Handbook

Acknowledgement

Please Sign and Return this portion Prior to your child's first day.

By signing here, I acknowledge that I have read and understand all policies and procedures in the

Love In Arms Infant Care Parent Handbook. I also agree to the terms and conditions in this

handbook.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

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Print Name



**Assumption of the Risk and Waiver of Liability Relating to**

**Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health

Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-

person contact. As a result, federal, state, and local governments and federal and state health agencies

recommend social distancing and have, in many locations, prohibited the congregation of groups of

people.

Love In Arms Infant Care (LIAIC) has put in place preventive measures to reduce the spread of COVID-19; however LIAIC cannot guarantee that you of your child(ren) will not become infected with COVID-19. Further attending LIAIC could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the

risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending LIAIC and that such exposure or infection may result in personal injury, illness, permanent disability and death. I understand that the risk of becoming exposed to or infected by COVID-19 at LIAIC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, LIAIC employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my

children) or myself (including, but not limited to, personal injury, disability and death), illness, damage,

loss, claim, liability or expense of any kind, that I or my child(ren) may experience or incur in connection

with my child(ren)'s attendance at LIAIC or participation in LIAIC programing ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless Love In Arms Infant Care, its employees, and agents, and representatives, of and from Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any. Claims based on the actions, omissions, or negligence of LIAIC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during or after participation in any LIAIC program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name or Parent/Guardian Name of LIAIC Participant(s)



**TELL US ABOUT YOUR CHILD**

Child's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We would like to take this time to welcome you and your family to our center. We hope to see

you and your family often in Love In Arms Infant Care. Please fill in the questions below to help us get to know your child a little better: this will make our day and vour child's day run a lot smoother. It helps us to know what to expect and prepare for your child's arrival.

Has your child been in daycare before? Yes No

If yes, why did you leave?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long was your child there? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What did you like best about your previous daycare? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What did you like least about your previous daycare? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you describe your child's personality on a normal basis: (Circle all that apply)

Happy Moody Quiet Chatty Testing Cooperative

Does your child have any have any allergies? Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Meal Time**

Is your child a picky eater? (Circle one) Yes No

What are some of your child's favorite foods? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which food does your child strongly dislike? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any difficulty time napping? (Circle One) Yes No

Do you have any ideas or certain routines for me to follow to make naptime a more enjoyable time for your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any major problems that we should be aware of? Yes No

Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child take any kind or medication on a regular basis? Yes No

Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will we need to administer this medication? Yes No

Does your child need an inhaler? Yes No

Does your child wear glasses? Yes No

Please Note: Love In Arms Infant Care and/or staff will not be held responsible for any damage that results from your child needing to wear glasses at school. Small children have a tendency to lose and break things. We will do our best to make sure he/she takes care of their belongings.

Does your child have any physical or mental disabilities? Yes No

Please Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signing below acknowledges that I have filled out this form to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature Date