Rhode Island Department of Human Services

Licensed Child Care: Child Information Form

Updated 2/2023

Child Information			
Child's Full Name:		Enrollment Date:	
Date of Birth (MM/DD/YYYY):		Sex:	☐ Male ☐Female
Primary Language:		Secondary Language:	

Primary Address					
Number and Street:					
City/Town:		State:		Zip:	

School Information	☐ N/A (Child does not attend an additional program)				
School/Program Name:		Phone:	( ) -		
Number and Street:					
City/Town:		State:		Zip:	

Parent/Guardian 1 Information	
Parent/Guardian Full Name:	
Parent/Guardian Role:	☐ Mother/Father ☐ Step-Mother/Step-Father ☐ Foster Parent ☐ Other: ____________________

Contact Information		
Primary Phone:	( ) -	☐ Mobile ☐ Work ☐ Home
Secondary Phone:	( ) -	☐ Mobile ☐ Work ☐ Home
Email:		

Home Address				☐ Same as Child	
Number and Street:					
City/Town:		State:		Zip:	

Employer Information					
Employer Name:					
Address:					
City/Town:		State:		Zip:	

Typical Schedule							
Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours:							

Child Information Form

Child's Name: ______________________

Parent/Guardian 2 Information	
Parent/Guardian Full Name:	
Parent/Guardian Role:	☐ Mother/Father ☐ Step Mother/Step Father ☐ Foster Parent ☐ Other: ______________________

Contact Information			
Primary Phone:	( ) -	☐ Mobile ☐ Work ☐ Home	
Secondary Phone:	( ) -	☐ Mobile ☐ Work ☐ Home	
Email:			

Home Address			☐ Same as Child		
Number and Street:					
City/Town:		State:		Zip:	

Employer Information					
Employer Name:					
Address:					
City/Town:		State:		Zip:	

Typical Schedule							
Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours:							

Additional Members of Child's Household			
Full Name:		Relationship:	
Full Name:		Relationship:	
Full Name:		Relationship:	
Full Name:		Relationship:	
Full Name:		Relationship:	

Additional Child Information	
It is recommended that this form is copied and provided to the child's direct teacher/provider.	
Social-Emotional	
Child's Habits:	
Child's Fears:	

Child Information Form

Child's Name: ______________________

Additional Child Information			
It is recommended that this form is copied and provided to the child's direct teacher/provider.			
Favorite Toys/ Activities/Interests:			
How do you comfort your child?			
How do you guide your child's behavior?			
Can you provide me with any additional information about your child which might help in caring for him/her?			
Bathroom Habits			
Is your child potty trained?	☐ Yes ☐ No ☐ So close!	**Does your child tell you when they have to use the bathroom? If so, how?**	
Is your child prone to diaper rash?	☐ Yes ☐ No	**What do you use to treat diaper rash?**	☐ Lotion ☐ Oil ☐ Powder ☐ Other:
Sleeping Habits			
Is your child sleep in a crib?	☐ Yes ☐ No	**Typical nap/time and/or nap habits:**	
Health			
Special physical conditions and/or disabilities:	☐ Yes: If yes, please explain: ☐ No		
Regular medications:	☐ Yes: If yes, please explain: ☐ No		
Allergies:	☐ Yes: If yes, please complete an Allergy Information Sheet. ☐ No		

Child Care Schedule							
Day:	**Sunday**	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
Arrive:	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
Depart:	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM

Child Information Form

Child's Name: ______________________

You must keep to this child care schedule. If at any time, your hours change and you need different hours of care, it is your responsibility to resubmit this information form with the correct hours.

Parental Access Restrictions

If there are temporary or permanent restrictions on a person's access to their child, please read and complete this section thoroughly. Please note: If the restricted person(s) are a child's biological parent(s), in order to abide by the permissions stated below, programs MUST have received a copy of any/all court documentations regarding restraining orders, physical/legal custody, joint custody, etc. Without court documentation, programs/providers are unable to withhold a child from their biological parent.

Restricted Person's Name:				Relation to Child:		
The above stated person has permission to see the child on the following days:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Acknowledgment

By signing this form, I acknowledge that the information contained in this document is true and accurate. I understand that it is my responsibility to update the program/provider in the event of any changes or updates to the information in this form.

Parent/Guardian Name (Print)	Relation to Child
Parent/Guardian Signature	Date