

Child Application Form

Child's Name: _____ Nickname: _____
Birthdate: _____ Sex: _____

Name of Mother or Guardian: _____
Address: _____
Home phone #: _____
Cell phone #: _____
Email: _____
Place of Employment: _____
Work phone #: _____
Works hours: _____

Name of Father or Guardian: _____
Address: _____
Home phone #: _____
Cell phone #: _____
Email: _____
Place of Employment: _____
Work phone #: _____
Work hours: _____

Custody-visiting arrangements (if applicable): _____

Person who may pick up your child on a regular basis:

Name: _____ Relationship: _____
Address: _____ Work phone #: _____
Home phone #: _____ Cell phone #: _____

Name: _____ Relationship: _____
Address: _____ Work phone #: _____
Home phone #: _____ Cell phone #: _____

Name: _____ Relationship: _____

Address: _____ Work phone #: _____

Home phone #: _____ Cell phone #: _____

Persons who may pick up your child occasionally:

Name: _____ Relationship: _____

Address: _____ Work phone #: _____

Home phone #: _____ Cell phone #: _____

Name: _____ Relationship: _____

Address: _____ Work phone #: _____

Home phone #: _____ Cell phone #: _____

Persons to be notified in case of an emergency:

Name: _____ Relationship: _____

Address: _____ Cell phone #: _____

Day phone #: _____ Evening phone #: _____

Name: _____ Relationship: _____

Address: _____ Cell phone #: _____

Day phone #: _____ Evening phone #: _____

Name of Doctor/Certified Practitioner: _____

Phone: _____ Address: _____

Parent/Guardian

Signature: _____ Date: _____

For office only:

Enrollment Date:

Discharge Date:

Schedule:

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Child Development Information

Child's Name: _____ Nickname: _____

Household members:

Name: _____ Relationship _____ Age: _____

Name: _____ Relationship _____ Age: _____

Name: _____ Relationship _____ Age: _____

Name: _____ Relationship _____ Age: _____

Name: _____ Relationship _____ Age: _____

Name: _____ Relationship _____ Age: _____

Pets _____

Favorite Play Material _____

Favorite Activity _____

What opportunities does your child have to play with children the same age?

Eating Habits

Is your child allergic to any food? _____

What kind of eater is your child? Good _____ Fair _____ Poor _____

Is there any foods your child does not like? _____

Are there any difficulties with eating? _____

Sleeping Habits

Child's usual bedtime _____ Usual A.M. wake time _____

Does your child nap? _____ When? _____ How long? _____

What is your child's routine in preparing for rest? _____

Does your child ever have nightmares? _____

Does your child tire easily? _____

What are signs that your child shows when tired? _____

Dressing

Does your child need help with: (check all that apply)

Pants___shirt/dress___socks___ shoes___ coats___ mittens___ boots ___

Fears

Is your child afraid of: (check all that apply)

Storms___dark___animals___bathroom___being alone___loud noises___

If others, please list _____

Health

Is your child allergic to anything? _____

Does your child take medication regularly?_____

Does your child have any health problems or special needs? _____

Restroom Habits

Is your child toilet trained? _____

Does your child use the restroom facilities by himself? _____

Tells an adult? _____ Needs reminding? _____

What words does your child use to indicate restroom? _____

Other

What do you like best about your child? _____

Do you have any concerns about your child? _____

What other information would help us to know your child better? _____

Signature of Parent/Guardian:_____ Date:_____