



**Asbury Children's Center**  
**Asbury United Methodist Church**  
 5400 West 75th Street  
 Prairie Village, Ks. 66208  
 913-677-5008

## **Asbury Children's Center *Infant* Enrollment Form**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Sex M/F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Father's Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Mother's Email \_\_\_\_\_

### Marital Status of Parents

- Married/Living Together
- Separated
- Divorced
- Single

Names of Brothers/Sisters

Ages


Other relatives living at home? \_\_\_\_\_

\_\_\_\_\_

What times do you plan to have your child at Asbury?

(This information is used for staffing purposes. Care will be provided from 7 a.m.-6 p.m. Monday through Friday.)

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Drop off</b>					
<b>Pick Up</b>					

- Does your child like to be read to? \_\_\_\_\_ Favorite book? \_\_\_\_\_
- Does your child like music? \_\_\_\_\_ Favorite CD/tape? \_\_\_\_\_
- Does your child have persistent fears of animals, noise, darkness, storms or any other fears?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Does your child have any favorite objects or activities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What helps to comfort your child when he/she is upset? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- How often does your child usually nap during the day? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Does your child have a routine that helps calm him/her for nap time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What is your child's eating pattern during the day? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Do you have any concerns about your child's diapering? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Does your child have any health concerns? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Has there been a major change or crisis in your family, such as divorce, death, accident, serious illness or other? \_\_\_\_\_

\_\_\_\_\_

• Do you have any concerns about your child you would like us to know about? \_\_\_\_\_

\_\_\_\_\_

• What are your goals for your child during his/her first few months at Asbury? \_\_\_\_\_

\_\_\_\_\_

• Is there any other information that our staff should know about your child? \_\_\_\_\_

\_\_\_\_\_

How did you hear about Asbury Children's Center?

- I am a member of Asbury.
- Referral From a friend?
- Ad in the newspaper?
- Sign in front of the church?
- Website

Does your child currently have a church home? \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent Name (Please Print): \_\_\_\_\_

Date: \_\_\_\_\_