



Child's Application

Full Name of Child: _____ Date of Admission: _____

Child's DOB: _____ Name the child goes by: Preplacement date

Is the child related to the primary caregiver? No Yes - Relationship: _____

Child's school (if applicable): _____

Are the child's immunization records housed at the above school: Yes No If no, list the school where they are housed: _____

Name of Agency: _____

Agency Address: _____

Parents/Custodial Parents:

Mother's Name: _____ Father's Name: _____

Home Address: _____ Home Address: _____

City State Zip City State Zip

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Employment: _____ Employment: _____

Work Address: _____ Work Address: _____

City State Zip City State Zip

Work Phone: _____ Work Phone: _____

Work Hours: _____ Work Hours: _____

Transportation Plan:

Please list any other adults to whom your child may be released or are authorized to provide transportation for your child.

Will the child be transported by the agency? No Yes If yes, check all that apply: to school from school to home from home field trips only - with prior written permission for each off-site activity

Emergency Contact Information:

1. Name of person, other than the child care provider, authorized to act for parent in an emergency.

Home Address: _____ Home Phone: _____

Place & Address of Employment/School: _____

Work Phone: _____ Work Hours: _____

Alternate Phone Numbers (cell): _____

2. Name of person, other than the child care provider, authorized to act for parent in an emergency.

Home Address: _____ Home Phone: _____
City State Zip

Place & Address of Employment/School: _____
City State Zip

Work Phone: _____ Work Hours: _____

Alternate Phone Numbers (cell): _____

3. Name of person, other than the child care provider, authorized to act for parent in an emergency:

Home Address: _____ Home Phone: _____
City State Zip

Place & Address of Employment/School: _____
City State Zip

Work Phone: _____ Work Hours: _____

Alternate Phone Numbers (cell): _____

Physician Contact Information:

Name of Physician: _____ Phone: _____

Address: _____
City State Zip

Background Information:

Other Children in the Family	Date of Birth	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Experiences with Others:

What are some of the ways the child plays at home? _____

Does he/she play with children from other families? _____ How? _____

Does he/she react when he/she does not get his/her own way? _____

Is the entire family together for any time during the day? _____

Eating Habits:

At what time does the child eat breakfast? _____ Lunch? _____ Dinner? _____

Between-meal Snacks? _____ Does the child feed himself/herself? _____

What is the child's general attitude toward eating? _____

If the child refuses to eat, how is this handled and by whom? _____

Food Favorites: _____

Food Dislikes: _____

Food Allergies: _____

If the child is an infant, use a separate sheet for information about the formula, bottle schedule, etc.

Sleep Habits:

Has own room: _____ Shares room with: Other Children Parents
At night sleeps from _____ to _____ Average Hours of Sleep Per Night: _____
Naps from _____ to _____ Average Hours of Naps: _____
Attitude toward going to bed: _____
If there is difficulty, how is this handled? _____
Habits associated with going to bed? _____
Is bed wetting an issue? _____ At nap time? _____ At night? _____
If yes, how is the situation handled? _____

Toilet Habits:

Time at which child is taken to the bathroom? _____
Can the child take themselves? _____ Time of bowel movement? _____ Regular? _____
Constipated? _____ Does the child tell you when he/she needs to go and does he/she go willingly? _____
Can he/she manage his/her clothes at the toilet? _____ What words does he/she use for:
Urinating: _____ BM: _____

Speech and physical Growth:

The child talks: Well Fairly Well Not Very Well Not at All
Does anyone read to the child? _____ How regularly? _____ At what age did the child creep? _____
Crawl? _____ Walk? _____ Which of the following words would you use to describe the child (check all that apply):
 active quiet thin average weight heavy tall average height short friendly unfriendly
Is there any other information you think we should have about the child? _____

Ongoing Medical Care:

Does the child have any medical diagnosis that requires ongoing care? _____
If yes, explain what type of care is administered at home and by whom? _____
Are you requesting that this care be provided at the facility? Yes No If yes, describe the care required: _____

(Request a doctor's statement for any specified requests for care at the facility).

Parent Declarations:

I received a summary of the licensing requirements.
I do hereby authorize emergency medical care for my child (a limited power of attorney may be required for military dependents).
I visited the facility prior to enrolling my child. Pre-enrollment Visit Date: _____
I received a copy of the child care facility's policy statement or handbook, and payment contract, and I have signed their copy, verifying by receipt my understanding and agreement of their content.
I authorize the agency to transport my child as specified in the transportation plan section (see page 1).

Signature of Parent(s)/Guardian(s) _____ Date _____

Date of Child's Withdrawal: _____ Reason for Withdrawal: _____

This form/information shall be maintained for one year after date of disenrollment.

Information on this form shall be updated annually or as needed to ensure the protection of the child.

Date of last update with parent's initials:
