

Child Application Form

Birthdate:	Child's Name:	Nickname:
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: Address: Work phone #: Home phone #: Cell phone #: Relationship: Address: Name: Relationship: Address: Mork phone #:		
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Address:		
Home phone #: Cell phone #: Relationship: Work phone #:		
Name: Relationship: Address: Work phone #:		
Address: Work phone #:		
Address: Work phone #:	Name:	Relationship:
	Address:	

Name:		_ Relationship:	_	
		Work phone #:		
Home phone #:		Cell phone #:		
Persons who may pick up	your child occasionally:			
Name:		Relationship:		
Address:		Work phone #:		
		Cell phone #:		
Name:		_ Relationship: _ Work phone #:		
Home phone #:		Cell phone #:		
Persons to be notified in	n 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/Certifi	ied 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
		Age
Pets		
Favorite Play Material		
Favorite Activity		
What opportunities does your child have to p	lay with children the same	
The second of the flave to	nay with children the same of	ige?
Eating Habits		
s your child allergic to any food?		
gyour crima affect to any 100dy		
What kind of eater is your child? Good		i ja jihe Pi
	Fair	_ Poor
s there any foods your shild door not like?		
s there any foods your child does not like?		
are there any difficulties with eating?		
a c mere any arricumes with earing?		
leeping Habits		
hild's usual bedtime	_Usual A.M. wake time	
oes your child nap? Whe	n? How lor	19?
Vhat is your child's routine in preparing for r	est?	
oes your child ever have nightmares?		
oes your child tire easily?		
/hat are signs that your child shows when ti	red?	

Dressing
Does your child need help with: (check all that apply)
Pantsshirt/dresssocksshoescoatsmittensboots
Fears
Is your child afraid of: (check all that apply)
Stormsdarkanimalsbathroombeing aloneloud noises
If others, please list
Health
Is your child allergic to anything?
,
Does your child take medication regularly?
, and the modern of the second
Does your child have any health problems or special needs?
year enna have any nearm problems of special fleeds?
Variable Control of the Control of t
Restroom Habits
Acon com ridorio
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?
December 1997
Do you have any concerns about your child?
What other information would help us to know your child better?
Signature of Parent/Guardian: Date: