

Application for Child Care Services

Name of child: _____ Birth date: _____ Male / Female

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Legal Guardian #1: _____ Relationship: _____

Home Address: _____ Work Address: _____

Phone (Home): _____ Business: _____ Business Hours: _____

Parent/Legal Guardian #2: _____ Relationship: _____

Home Address: _____ Work Address: _____

Phone (Home): _____ Business: _____ Business Hours: _____

Other family members: _____

Legal guardian's formal education (#1): _____ (#2): _____
(highest grade completed) (highest grade completed)

Days/Hours when care is needed: _____

Transportation arrangement to and from program: _____

Any previous child care experience: _____

Our program does not exclude children with special needs if we can provide a safe environment. The following information is requested to help us plan care for your child.

Special needs of parents (inability to climb stairs, difficulty lifting child, etc.): _____

Disability/special needs of child (medications, treatments, allergies, food intolerance, conditions, behavior, etc.)
no/yes (Complete Special Care Plan and Authorization for Release of Information Form)

Usual eating schedule: _____

Foods child likes: _____ dislikes: _____

Elimination Patterns (Toileting/Diapering): _____

Things that comfort child: _____

Things that scare child: _____

Cultural habits/home issues that may affect the child's behavior: _____

Who is authorized to pick up this child from child care? (refer to child car agreement)

Who will care for child when he/she is sick: _____
(Complete the Child Care Emergency Contact Information Form)

Legal Guardian's Signature: _____ Date: _____

Enrollment Date: _____