

# Child Application Form



## Child's General Information

Name	
Nick Name	
Date of Birth	
Resides with	
Street Address	
City ST ZIP Code	
Home Phone	

## Mother's General Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
E-Mail Address	
Employer	
Work Address	
Work Phone	
Marital Status	
Spouse's Name	

## Father's General Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
E-Mail Address	
Employer	
Work Address	
Work Phone	
Marital Status	
Spouse's Name	

## Legal Guardian's General Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
E-Mail Address	
Employer	
Work Address	
Work Phone	
Marital Status	

**Family Status Information** (include only those who live in same household as the child)

Child lives with:

- Both Parents (continuous / same household)
- Mother Only
- Legal Guardian

- Both Parents (joint custody / separate households)
- Father Only
- Other (please specify name / relationship)

Please list all siblings, name and age	

Are there custody or other legal issues:  No  Yes  
If yes, please give a brief description:

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**Health Information**

Name of Doctor	
Telephone	
Preferred Hospital	

Has the child ever been hospitalized?  No  Yes  
If yes, please give a brief explanation:

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**Previous Day Care Information**

Has the child ever been in day care before?  No  Yes

If yes, please name the facility:

What was the experience like for your child?

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Reason for leaving?

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**Other Information** (please refer to 'All About My Child' form before completing this section)

Note: List any additional information on your child, **not mentioned** in the previous form.

**Eating Habits**

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**Sleeping Habits**

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**Fears**

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**Favorite:**

Food:	
Toy:	
Song:	
Cartoon or Movie:	
Activity:	

**Toilet Training**

Is your child potty trained?  No  Yes

Does your child tell you if he or she needs to use the bathroom?  No  Yes

Typical words that your child may use when he or she needs to use the toilet?

Does your child wet the bed at nap time or bedtime?  No  Yes

If the child is in diapers, how often do you normally change the diaper? \_\_\_ times per \_\_\_

**Expectations**

What are the most important things that you would like to see your child get out of this day care experience?

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Is there anything else not mentioned in this "Child Application Form" or the "All About My Child" form that you feel our center should know about your child?  No  Yes

If yes, please indicate below:

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## Agreement and Signature

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By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I my child is accepted any false statements, omissions, or other misrepresentations made by me on this application may result in immediate termination of services.

Name (printed)	
Signature	
Date	

Name (printed)	
Signature	
Date	

Name (printed)	
Signature	
Date	