

ENROLLMENT APPLICATION FORM

Personal History of Child:

Child's Name _____
(Last) (First) (Middle) (Male/Female)
Address _____
(Street Number) (Street name) (City/Town) (State) (Zip Code)
Home Phone _____ Child's Birthdate ____ / ____ / ____
(Area Code) Month Date Year

Personal History of Parents/Guardian:

Father's Name _____
(Last) (First) (Middle)
Address _____
(Street Number) (Street name) (City/Town) (State) (Zip Code)
Home Phone _____ Business Phone _____
(Area Code) (Area Code)
Birthdate ____ / ____ / ____ College ID # or
Month Date Year Social Security Number _____
Business Firm & Address _____
Phone _____
Occupation _____ Education _____
(Indicate highest grade completed)

Mother's Name _____
(Last) (First) (Middle)
Address _____
(Street Number) (Street name) (City/Town) (State) (Zip Code)
Home Phone _____ Business Phone _____
(Area Code) (Area Code)
Birthdate ____ / ____ / ____ College ID # or
Month Date Year Social Security Number _____
Business Firm & Address _____
Phone _____
Occupation _____ Education _____
(Indicate highest grade completed)

Are parents presently living together Separated Divorced Deceased

Is your child adopted? _____ (If yes, does your child know of adoption?) _____

Is your child a foster-child? _____ When did you obtain custody ____ / ____ / ____
Month Date Year

Your child presently lives with parents _____ Stepmother _____ Stepfather _____ Fosterparent _____

Personal History of Parents/Guardian Continued:

Please list the names, birthdates and ages of all other members living in your household:

_____	_____ / _____ / _____	_____
_____	_____ / _____ / _____	_____
_____	_____ / _____ / _____	_____

(if more space is needed, please use a separate sheet of paper.)

Medical History of Child:

Name of child's Physician _____

Physician's Address _____
(Street Number) (Street Name) (City/Town) (State) (Zip Code)

Physician's Phone _____ Extension No. _____
(Area Code)

Does your child have any **medical problems** that we should be aware of? Yes No

If Yes, please list _____

Does your child take any **prescribed medication** for this problem? Yes No

If Yes, please list the full name of the medication that is taken, how often the medication is given, and the dosage required:

Does your child have any **allergies** that we should be aware of? Yes No

If Yes, please list _____

Is your child an any **special type of diet**? Yes No

If Yes, please explain _____

Social and Developmental History:

How does your child communicate the following information?

Hunger _____

Need to use the bathroom _____

Anger _____

Love _____

Scared _____

Tired _____

What responsibilities does your child have in the home? _____

List your child's interests and activities: _____

Does your child prefer to play alone or with others? _____

How old are this child's playmates? (Note any relationships.) _____

Has your child ever attended a day care, nursery school, or preschool program? Yes No

If so, where? _____

What makes your child special and unlike anyone else? _____

At approximately what age did your child:

_____ sit alone _____ toilet trained _____ crawl

_____ walk _____ cut tooth

Eating habits:

Does your child have any problems chewing or swallowing? Yes No

Describe your child's eating habits (i.e. good/poor appetite, etc) _____

Sleep habits and patterns: (explain)

_____ bedtime _____ rising time

_____ restless/quiet _____ nightmares

Was your child's development unusual in any way? Yes No

If Yes, please explain: _____

Transportation Information:

Who will regularly bring your child to school? (Please give full name and relationship)

_____	_____
(Name)	(Relationship)
_____	_____
(Name)	(Relationship)
_____	_____
(Name)	(Relationship)

*Who will regularly pick-up your child from school? **NOTE: (* In addition to yourself, please list the person authorized to pick-up your child from school. WE WILL ONLY RELEASE THE CHILD TO THOSE SO DESIGNATED IN WRITING.)**

_____	_____
(Name)	(Relationship)
_____	_____
(Name)	(Relationship)
_____	_____
(Name)	(Relationship)

Emergency Information:

Please give the names of two (2) relatives or neighbors to be contacted in the event that you *cannot* be reached during the day:

_____	_____	_____
(Name)	(Phone No.)	(Relationship)
_____	_____	_____
(Name)	(Phone No.)	(Relationship)
_____	_____	_____
(Name)	(Phone No.)	(Relationship)

_____ Date _____ Signature of Parent/Guardian



EMERGENCY PERMISSION CONSENT

Emergency Consent

If a medical emergency arises, the **Child Care Center** will first attempt to contact the **Parent** and then, if **Parents are not** available, the child's **Doctor**. If immediate hospital attention is necessary, I give permission for the school authorities to contact the local hospital or Rescue Squad for emergency care for _____.
(Name of Child)

PERMISSION TO USE PHOTOGRAPHS AND VIDEOTAPES

I understand pictures and videotaping of my child may be taken while he/she is in attendance at the Prairie State College Child Care Center. These pictures and tapes may be used for publicity purposes and for viewing by parents and the children.

Signature of Parent/Guardian Street Address/City/State Zip Code

Date

VISION AND HEARING SCREENING PERMISSION CONSENT

I provide my consent for my child to receive a vision and hearing screening when it is available at the Center. I understand this screening is not intended to be a diagnostic test, but a check for any potential concerns. I will be notified when the screening will take place and with the results when the screening is complete.

Signature of Parent/Guardian Street Address/City/State Zip Code

Date



GUIDANCE AND DISCIPLINE POLICY

Discipline measures are designed and carried out in such a way as to help each child develop self-control, and to assume responsibility for his/her own actions. We take a positive approach to discipline such as letting children know what they can do, as well as what they can not. Another approach we use is redirection to a different activity. We will also use a logical consequences technique - for example, if a child is throwing blocks in the block corner, he/she may have to come out of that area for a time.

If a child is removed from the group or an activity to gain control, it will be 1 minute per year of age. Corporal punishment, such as spanking, is never used. If there are repeated discipline problems, the parent(s) will be called in for a conference with the child's teacher to work together in helping the child.

I have read and understand the Guidance and Discipline Policy that is practiced at Prairie State College Child Care Center.

Signature of Parent/Guardian

Date

PARENT TRANSPORTATION AGREEMENT

This is to verify that _____ will be transported to Prairie State College Child Care Center at the responsibility of me, the parent/guardian. Prairie State College Child Care Center will not be legally responsible for my child until the child has entered the Center.

Signature of Parent/Guardian

Date