

# First Baptist Childcare

Name of Agency

## CHILD'S APPLICATION

Full Name of Child \_\_\_\_\_ Child's Birth Date \_\_\_\_\_

What does child like to be called? \_\_\_\_\_ Who does child live with \_\_\_\_\_

### Parents/ Guardians:

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ ZipCode \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Where employed? \_\_\_\_\_ Where employed? \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work hours \_\_\_\_\_ Work Phone \_\_\_\_\_ Work hours \_\_\_\_\_

Transportation Plan: Normally brings child \_\_\_\_\_ Normally picks up child \_\_\_\_\_

To insure the safety of your child, please list other adults to whom your child may be released to or who are authorized to provide transportation for your child.

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Information:

Name of person, other than operator, authorized to act for parent in an emergency \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Where employed \_\_\_\_\_ Address \_\_\_\_\_

Work telephone \_\_\_\_\_ Work hours \_\_\_\_\_

Name of Physician \_\_\_\_\_ Office hours \_\_\_\_\_ Office phone \_\_\_\_\_

Address \_\_\_\_\_

### Background Information

#### Other children in the family:

Birthdate

School

<u>Other children in the family:</u>	<u>Birthdate</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ I have received a copy of the centers policies.

\_\_\_\_\_ I have received a summary of licensing requirements.

\_\_\_\_\_ I do hereby authorize emergency medical care.

Weekly Fee \_\_\_\_\_

Monthly Fee \_\_\_\_\_

SA only: My child has an immunization record on file at:

\_\_\_\_\_ Name of School \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Pre-Placement visit \_\_\_\_\_ Date child is enrolled \_\_\_\_\_

Date child is withdrawn \_\_\_\_\_ Reason for withdrawal \_\_\_\_\_

Child's Name: \_\_\_\_\_

Experiences with others:

What are some of the ways in which the child plays at home? \_\_\_\_\_

Does he play with children from other families: \_\_\_\_\_ How? \_\_\_\_\_

Does he usually get his own way with other children? \_\_\_\_\_. If not, how does he react? \_\_\_\_\_

Is the entire family together for any time during the day? \_\_\_\_\_

Eating Habits:

At what time does the child eat breakfast? \_\_\_\_\_ Dinner? \_\_\_\_\_ Supper? \_\_\_\_\_

Between-meal snacks? \_\_\_\_\_ Does he feed himself? \_\_\_\_\_

What is his general attitude toward eating? \_\_\_\_\_

If he refuses to eat, how is this handled and by whom? \_\_\_\_\_

Favorite foods \_\_\_\_\_

Disliked foods \_\_\_\_\_

Foods he is allergic to \_\_\_\_\_

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

Sleep Habits:

Has room alone \_\_\_\_\_ Shares with other children \_\_\_\_\_ Rooms with parents \_\_\_\_\_

At night sleeps from \_\_\_\_\_ to \_\_\_\_\_ Average hours \_\_\_\_\_

Naps from \_\_\_\_\_ to \_\_\_\_\_ Average hours \_\_\_\_\_

Attitude toward going to bed \_\_\_\_\_

If there is difficulty, how is this handled? \_\_\_\_\_

Habits associated with going to bed \_\_\_\_\_

Does he wet the bed? \_\_\_\_\_ At nap time? \_\_\_\_\_ At night? \_\_\_\_\_

If so, how is the problem handled? \_\_\_\_\_

Toilet Habits:

Time at which child is taken to the bathroom \_\_\_\_\_

Does he take himself? \_\_\_\_\_ Time of bowel movement? \_\_\_\_\_ Regular? \_\_\_\_\_

Constipated? \_\_\_\_\_ Does he tell you when he needs to go to the toilet and go willingly? \_\_\_\_\_

Can he manage his clothes himself at the toilet? \_\_\_\_\_ What word does he use for urinating? \_\_\_\_\_

BM? \_\_\_\_\_

Speech and Physical Growth:

Does he talk well? \_\_\_\_\_ Fairly well? \_\_\_\_\_ Not very well? \_\_\_\_\_ Not at all? \_\_\_\_\_

Does anyone read to him? \_\_\_\_\_ How regularly? \_\_\_\_\_ At what age did he creep? \_\_\_\_\_

Crawl? \_\_\_\_\_ Walk? \_\_\_\_\_ Would you describe him as active or quiet; thin, average weight, heavy; tall, average height, or short; friendly or unfriendly? \_\_\_\_\_

Give below any other information you think we should have about your child: \_\_\_\_\_

Allergies: \_\_\_\_\_