



APPLICATION FOR CHILD CARE SERVICES

Name of Child: _____ Birthdate: _____ Male/Female: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Legal Guardian #1: _____ Relationship: _____

Home Address: _____ Work Address: _____

Home Phone: _____ Business: _____ Business Hours: _____

Parent/Legal Guardian #2: _____ Relationship: _____

Home Address: _____ Work Address: _____

Home Phone: _____ Business: _____ Business Hours: _____

Days/Hours when care is needed: _____

Transportation arrangement to and from program:

Composition of family: _____

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 (e.g., inability to climb stairs, difficulty lifting child, etc.): _____

Disability or special needs of child (medication, treatments, allergies, food intolerance, conditions, behaviors, etc.) no yes

Usual eating/sleeping/play schedule:

Foods child likes: _____ Dislikes: _____

Elimination Patterns (Toileting/Diapering): _____

Things that comfort child: _____ Scare Child: _____

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

Who is authorized to pick up this child from child care? _____

Who will care for child when he/she is sick? _____

(Complete the Child Care Emergency Contact Information Form)

Additional information about your child _____
