The Learning Curve Daycare

Student Enrollment Application Form

Today's Date_____

1. **Student Information**

Child's name:_____ Nickname_____

Child's age____ Child's Date of Birth _____

Gender: M:____ F:_____ Place of Birth (City and State): _____

Home address: _____

Are there any siblings? Please name them and specify ages and gender.
Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

2. **Parent/Guardian Information**

Mom's name_____

Address:(if different from applicant)_____

(Mother)Home Phone_____

(Mother)Work Phone_____

(Mother's) Cell Phone_____

Fathers Name: _____

(Father)Home Phone_____

(Father)Work Phone_____

(Father's) Cell Phone_____

(Mother's)
Email address:_____

(Father's)
Email adreess_____

Mother's Employer :

Name :_____

Address:_____

Hours of employment are from _____ a.m. To _____p.m.

Father's Employer :

Name :_____

Address:_____

Hours of employment are From _____ a.m. To _____p.m.

3. Daycare Information

Beginning date needing care_____

Hours: Monday_____ Tuesday_____ Wednesday_____
Thursday_____ Friday_____ Saturday_____
Sunday_____

Times you plan to drop your child off_____

Times you plan to pick up your child_____

Is there anyone besides you or the father that will be picking up your child. ____Yes _____ No

If yes Names_____
_____
_____

4. **Student Domestic and educational experiences**

Has your child ever been in child care before?_____ What type (center, family daycare, grandma etc.)_____

If yes please continue

Was it a positive experience?_____

Will you be giving a two week notice to your current provider?_____

Why are you looking for child care?_____

Are there any areas you would like to see your child working on?_____

What is your normal method of discipline?_____

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc.
_____

What are some of your child's favorite activities?_____

Are there any food restrictions?_____

Does your child have any special needs or concerns?_____

What are your child's napping habits?_____

What are your hopes/expectations for your child here?_____

CHILD'S HEALTH RECORD: (A copy of your child's immunizations will be needed)
General state of health: _____

Doctor's name_____

Doctor's phone number_____

Dentists' name_____
Dentists' name _____

Are your child's immunizations up to date? _____ (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered medications.)

Does your child have any known allergies?

_____
_____

Are you concerned that your child may be prone to any type of allergies?_____

Describe:

_____
_____

Does your child have any medical conditions which I should be made aware of?

_____
_____

Has your child had the following common childhood illnesses?
. (*please circle*)

Does your child have any problems with any of these?	Has your child had any of these diseases?
Constipation	Asthma
Convulsions	Bronchitis
Diarrhea	Chicken Pox
Fainting Spells	Diabetes
Frequent Colds	Heart Disease
Frequent Ear Infections	Hepatitis
Frequent Sore Throats	Impetigo
Lice	Measles
Ringworm	Mumps
Skin Rash	German Measles
Soiling	Polio
Stomach Upsets	Scarlet Fever
Urinary Problem	Tuberculosis
Worms	Whooping Cough

Does your child have any speech, hearing or visual problems?

_____

Has your child ever been tested for the above?

_____
_____

Has your child ever had any surgeries or do they have any prosthetic limbs etc.?

_____

If yes, please describe: _____
_____
_____

Would there be any restrictions to play or activities? I.e. Is your child handicapped, allergic to grass, etc.

_____
_____

Have you made any special arrangement for child's care during illness? Yes_____ or No____

Please specify: _____

Does your child eat with a spoon _____ fork_____ hands_____ bottle____ ? (check all that apply)

What time does your child awaken? _____

What time does your child go to sleep at night? _____

Do they sleep through the night? _____

Does your child sleep in a bed or crib, other? _____

What forms of discipline are most often used in child's home?

_____
_____

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.? _____
_____

What language(s) are spoken at home?

_____

Does your child have any security objects such as a blanket, soother, bottle, toy etc. ?

_____

What are your child's favorite activities, toys, books, or games?

_____

Are there any other comments or information you would like to let me know about?

_____
_____
_____
_____

Any specific concerns?_____
_____
_____

Parent Signature: _____ Parent Signature: _____

Referral Sources
(Please circle all that applies)

ADVERTISEMENT	**REFERRAL**
Drive-by Sign	Parental Referral
Local Bulletin	Center Referral
Flyer	FIP Referral
Newspaper	Subsidy Program Referral
	Dept. Hum. Res