

Application Date _____

Date of Enrollment _____



Application for Enrollment

To be completed and placed on file prior to enrollment

Child's Name _____
Last First Middle Nickname

Date of Birth _____ Sex _____

Address _____
Street Apt./Suite

_____ City State Zip

INFORMATION ABOUT THE FAMILY:

Father's Name _____ Home Phone _____

Address (if different) _____
Street Apt./Suite

_____ City State Zip

Father's Employer _____ Work Phone _____

Cell Phone _____ Email Address _____

Mother's Name _____ Home Phone _____

Address (if different) _____
Street Apt./Suite

_____ City State Zip

Mother's Employer _____ Work Phone _____

Cell Phone _____ Email Address _____

Persons other than those listed above that can be held responsible for the pick-up/release of your child at the end of the day:

Name Relationship to child

Name Relationship to child

Child's Name _____

Date of Birth _____

INFORMATION ABOUT YOUR CHILD:

Other persons living in the household:

Name Relationship Birthdate

Name Relationship Birthdate

Name Relationship Birthdate

Is the dependent? _____ Independent? _____

Is the child toilet trained? _____ Partially? _____

Please indicate any area below which your child had difficulty (specify problem):

Eating Sleeping Urination Earaches

Teething Pacifier New Sibling Separation from Parent

Loss of Parent Fears Diaper Rash Frequent Illness

Others

Please provide the following information so that we may better individualize our care giving efforts. My child:

Handles new situations: _____

Lets me know he/she is upset by: _____

Likes to be comforted by: _____

Refers to bathroom terms as: _____

Pleases me the most when: _____

Reacts to fear by: _____

Child's Name _____

Date of Birth _____

Please give a brief history of the child care arrangements your child has been involved with to this point:

What are your expectations from a child care situation? _____

Please describe any recent major change(s) within your family which would be helpful for us to know about in understanding and comforting your child (e.g. separation of parents, moving, someone new coming to live with the family, etc.).

How did you learn about Our Children's House? _____

Please indicate here any further instructions, comments, or concerns you may have about your child's participation at Our Children's House:
