

INFANT TO PRESCHOOL

**H.O.P.E. EARLY LEARNING CENTER CHILD CARE APPLICATION**

**561 Old Nashville, La Vergne, TN 37086**

All information is required and must be completed by the parent(s) or legal custodian(s). If unknown use N/A or none until it can be added later and initialed.

Child's Information:

Child's Birth Date \_\_\_\_\_ Date of Admission \_\_\_\_\_

Full name of child \_\_\_\_\_ What does the child like to be called \_\_\_\_\_

Parent's Information:

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

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

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Phones Home \_\_\_\_\_ Work \_\_\_\_\_

Where employed: \_\_\_\_\_ Where employed \_\_\_\_\_

Misc. Information \_\_\_\_\_

Custodial Parent (if divorced) \_\_\_\_\_ (Copy of custody order provided?) Yes / No

Persons authorized to pick up and transport the child other than parent or custodian: (Give full name and phone number of the person to whom the child may be released. The must be listed below to insure the child's safety. A phone call is not acceptable permission of the parent(s) or custodian(s).

Emergency Information

1) Name of person(s) and the phone numbers, other than the child care staff, authorized to act for the parent in an emergency.

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

Employer \_\_\_\_\_ Work Hours \_\_\_\_\_

2) Name of person(s) and the phone numbers, other than the child care staff, authorized to act for the parent in an emergency.

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

Employer \_\_\_\_\_ Work Hours \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Office Phone \_\_\_\_\_

Medical Association and address \_\_\_\_\_

Chart Number \_\_\_\_\_

Special written doctor's instructions for care or medical treatment given \_\_\_\_\_

To whom any medical training/instructions/permission given \_\_\_\_\_

Any food/environmental/drug allergies \_\_\_\_\_

Other children and members of the family: Birthdate School/Work

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Eating Habits:

What time does the child eat breakfast? \_\_\_\_\_ Dinner/Lunch \_\_\_\_\_ Dinner/Supper \_\_\_\_\_

Between meal snack \_\_\_\_\_ Does he feed himself? \_\_\_\_\_ What's the child's attitude towards eating? \_\_\_\_\_

Does the child refuse to eat? \_\_\_\_\_ How is this handled and by whom? \_\_\_\_\_

The child's favorite foods: \_\_\_\_\_

## INFANT TO PRESCHOOL

(If your child is an infant, use a separate sheet for information about the formula, bottle schedule, etc. The parent must work closely with the child care facility while introducing new baby foods and table foods to the child.)

### Potty Training

Is your child potty trained? \_\_\_\_\_ Does your child need assistance using the bathroom? \_\_\_\_\_

## DEVELOPMENTAL HEALTH HISTORY

### PHYSICAL HISTORY

What health problems has your child had in the past? \_\_\_\_\_

What health problems does your child have now? \_\_\_\_\_

Other than listed above:

Does your child have any allergies? If so, to what? \_\_\_\_\_

How severe? \_\_\_\_\_

Does your child take any medication regularly? If so, what and when? \_\_\_\_\_

Has your child ever been hospitalized? If so, when and why? \_\_\_\_\_

Does your child have any recurring chronic illness or health problems such as:

- Asthma     Cerebral Palsy     Developmental Delay     Seizure Disorder     Diabetes     Frequent Earaches  
 Hemophilia     Other \_\_\_\_\_

If medically diagnosed, what is the name of the doctor who diagnosed the illness or health problem: \_\_\_\_\_

Do you have any other concerns about your child's health? \_\_\_\_\_

### DEVELOPMENTAL (compared with children your child's age)

Does your child have any problems with talking or making sounds? Please explain: \_\_\_\_\_

Does your child have any problems with walking, running or moving? Please explain: \_\_\_\_\_

Does your child have any problems seeing? Please explain: \_\_\_\_\_

Does your child have any problems hearing? Please explain: \_\_\_\_\_

Does your child have any problems using his/her hands (such as with puzzles, small building pieces)? Please explain: \_\_\_\_\_

### DAILY LIVING

What is your child's typical eating pattern? \_\_\_\_\_

Is your child on any special diet? Please describe: \_\_\_\_\_

**WRITE N/A** (non-applicable) if your child is too young for the following questions to apply.

How well does your child use table utensils (cup, spoon, fork)? \_\_\_\_\_

How well does your child indicate bathroom needs? \_\_\_\_\_

Words for urination? \_\_\_\_\_

Words for bowel movement? \_\_\_\_\_

Special words for body parts? \_\_\_\_\_

What is your child's regular bladder and bowel pattern? Do you want us to follow a particular plan for toileting? \_\_\_\_\_

For toddlers, please describe use of diapers or toileting equipment (such as potty, toilet seat adapter). \_\_\_\_\_

What is your child's regular sleeping patterns? Awakes at \_\_\_\_\_ Naps at \_\_\_\_\_ Goes to bed at \_\_\_\_\_

What help does your child need to get dressed? \_\_\_\_\_

**SOCIAL RELATIONSHIPS/PLAY**

What ages are your child's most frequent playmates? \_\_\_\_\_

Is your child friendly? \_\_\_\_\_ Aggressive? \_\_\_\_\_ Shy? \_\_\_\_\_ Withdrawn? \_\_\_\_\_

Does your child play well alone? \_\_\_\_\_

What is your child's favorite toy? \_\_\_\_\_

Is your child frightened by:  Animals  Rough Children  Loud Noises  The Dark  Storms  Anything else?

Who does most of the disciplining? \_\_\_\_\_

What is the best way to discipline your child, EXCLUDING physical punishment? \_\_\_\_\_

With which adults does your child have frequent contact? \_\_\_\_\_

Does your child use a special comforting item (such as a blanket, stuffed animal, doll)? \_\_\_\_\_

Is there any other information that you wish to share that would assist in meeting your child's needs? \_\_\_\_\_

Note: The content of this health history has been taken from "Healthy Young Children: A Manual for Programs", a publication of the National Association for the Education of Young Children, and used by permission. NAEYC, 1509 16<sup>th</sup> Street N.W., Washington DC 20036-1426 Telephone numbers (202) 232-8777 (800) 424-2460 FAX (202) 324-1846

- I have received a summary of the licensing requirements.
- I do hereby authorize the child care facility's staff to obtain emergency medical care for my child: (In some cases, such as military dependants, a limited power of attorney may be required by the child care facility)
- I visited the child care facility prior to enrolling my child.
- I have received a copy of the child care facility's parent policy statement or handbook, payment contract and signed their copy, verifying by receipt my understanding and agreement of their content.
- I understand any changes in the above information must be entered immediately and initialed.

The above information is true and accurate to the best of my knowledge.

Signature of parent(s) or custodian(s)

Date

**If you have any question, concerns, or a complaint, call Child Care Resource and Referral at 1-800-462-8261**

Date child is enrolled \_\_\_\_\_ Date child was withdrawn \_\_\_\_\_

Reason for withdrawal \_\_\_\_\_

**SPECIAL NOTES FOR CHILD CARE FACILITY OR PARENT/CUSTODIAN**

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