



1900 N. BROADWAY STREET, SUITE 100  
BALTIMORE, MARYLAND 21213

## ENROLLMENT APPLICATION

### I. FAMILY INFORMATION

Child's Full Name: \_\_\_\_\_  
Last First Middle Nickname

Age: \_\_\_\_ Birthday: \_\_/\_\_/\_\_ Sex: \_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

When do you need childcare to begin? \_\_\_\_\_

Name of any other school your child attends: \_\_\_\_\_

School Phone Number: (\_\_\_\_) \_\_\_\_\_

**Parent #1's Full Name:** \_\_\_\_\_

Marital Status: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ S.S. # XXX-XX-\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Driver's License # \_\_\_\_\_



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**Parent #2's Full Name:** \_\_\_\_\_

Marital Status: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ S.S.# XXX-XX-\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Driver's License # \_\_\_\_\_

**Parent/Guardian with legal custody:** \_\_\_\_\_

Other Household Members:

**Adults:**

**Name(s):** \_\_\_\_\_ **Age(s):** \_\_\_\_\_ **Relationship(s):** \_\_\_\_\_

\_\_\_\_\_

**Children:**

**Name(s):** \_\_\_\_\_ **Age(s):** \_\_\_\_\_ **Relationship(s):** \_\_\_\_\_

\_\_\_\_\_



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Person (s) **NOT** authorized to pick up my child: (Besides parents, guardians, or emergency pickups)

**Name(s):** \_\_\_\_\_ **Comments:** \_\_\_\_\_

## II. CHILD'S DEVELOPMENT HISTORY

Were there complications during your pregnancy and/or delivery? (Please describe)

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Was your child's delievery full term \_\_\_\_ Premature \_\_\_\_  
If premature, how many weeks/months early? \_\_\_\_\_

Do you have any concerns about your child's development? (Intellectual, Physical, Emotional, or Social)? \_\_\_\_\_

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Do you have any concerns about your child's behavior?

Please explain: \_\_\_\_\_

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What forms of discipline do you use at home? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

Does your family have pets? \_\_\_\_ What type/name? \_\_\_\_\_

Do you have any concerns about your child's eating?  Yes  No

Please explain:

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What is your child's favorite food(s)? \_\_\_\_\_

What is your child's nap time? \_\_\_\_\_

What is your child's bed time? \_\_\_\_\_ What helps your child sleep? \_\_\_\_\_

Does your child use any security object such as blanket or pacifier? \_\_\_\_\_

What type? \_\_\_\_\_ When? \_\_\_\_\_

Describe your child's progress in toilet training: \_\_\_\_\_

\_\_\_\_\_

How many hours a day does your child watch TV? \_\_\_\_\_

Which television program(s) does your child watch? \_\_\_\_\_

Does your child have any special needs? (e.g. allergies, seizures, chronic illness, disability, medications taken regularly) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have there been any significant events in your child's life? (I.e. Death in immediate family, hospitalization, separation/divorce, fire, recent move, birth of sibling) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you think your family could benefit from counseling for any of the significant events listed above? \_\_\_ Yes \_\_\_ No

Would you like a referral? \_\_\_ Yes \_\_\_ No

How long has your child been in childcare? \_\_\_\_\_

Where has your child been in care? (I.e. Family day care, group day care, relative) \_\_\_\_\_

\_\_\_\_\_

How many times has your child changed childcare facilities? \_\_\_\_\_



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What are your expectations from this childcare program for your child? \_\_\_\_\_

Does your child have an IFSP or IEP?  Yes  No

If yes, please provide the KidzStuff administrative staff with a copy.

**III. ORIENTATION**

I agree to stay in the Center until such time as my child is comfortable with the separation process. I understand my obligation to arrange for time from work to stay in the Center with my child. The parent(s) and the Center Director will consult to determine the child's progress toward completion of the orientation period.

**IV. SCHEDULE OF ATTENDANCE**

My child's regular hours of attendance in the Center will be \_\_\_\_\_ am to \_\_\_\_\_ pm (10 hours maximum per day).

I agree to notify the Director for approval of any major changes in the hours of care for my child.

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Date:

I understand my child could be placed on the waiting list, if applicable, upon receipt of this completed application and registration fee. The registration fee is refundable until I accept an opening offered by the center. I understand I am required to pay registration fee for each child. If my child leaves the center and is re-enrolled after one-year, I will be required to pay an additional registration fee.

I understand the Center has the right to refuse to release my child to the parent/guardian or authorized adult if, in the judgment of Center personnel, the adult appears to pose a threat of harm to the child.

I authorize my child to use the play equipment and participate in all activities of the Center.

I authorize my child to leave the Center premises under proper supervision for walks or field trips in authorized vehicles. I understand I will receive prior written notice of all field trips.



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I authorize my child to be included in publicity, which may include the use of my child's picture and/or name. I understand I will be notified in writing prior to all such photographs being taken.

I have read and understand all of the above. I give my consent and authorization to each of the items above.

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Witness Signature:

\_\_\_\_\_  
Date: