

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 # _____

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):** _____

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)

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)? _____

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

Please explain: _____

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:

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? _____

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.

SCARLET COVERING, INC.

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.

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: