

Good Shepherd Child Care Application for Enrollment

Student Information:

Date of Birth: _____ Sex: _____
Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Address: _____

Primary Hours of Care: From: _____ To: _____

Family Information:

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-Mail: _____ E-Mail: _____

Medical Information:

When a child becomes ill at the day care, the parents are notified immediately. Due to limited space for sick children, we ask that you make arrangements to pick your child up when called. In case of an emergency, we will contact the child's doctor if unable to reach parents or other emergency contacts listed on this form.

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern:

Contacts:

A child will be released only to the custodial parent or legal guardian & the persons listed below. The following people will also be contacted & are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Relationship to Child: _____

Name	Address	Phone
------	---------	-------

Relationship to Child: _____

Name	Address	Phone
------	---------	-------

Relationship to Child: _____

Name	Address	Phone
------	---------	-------

Relationship to Child: _____

Name	Address	Phone
------	---------	-------

Helpful Information:

What days will your child be at day care? M T W TH F
(please circle all of the days attending)

Who will bring your child to the center? _____

Who will be picking your child up? _____

Permission to Participate:

In signing this application, I understand that: I am giving permission for my child to use the day care's play equipment and participate in the program activities of the day care.

I am giving permission for my child to be included in activities, evaluations, and pictures used for publicity purposes connected with the day care.

I am giving permission for my child to leave the day care premises under the supervision of a staff person for neighborhood walks or scheduled field trips in an authorized vehicle.

I am giving permission for the day care staff to act in an emergency situation and/or qualified persons to administer first aid when I or my spouse cannot be reached, or when there will be a delay in arriving.

Parent Signature: _____ Date: _____

Parent Involvement:

We encourage all parents to become involved in their child's day care experience as much as possible. If you would like to help out during playtime, naptime, or on field trips, please contact the director. We would like to work together with all parents to make day care a positive experience for the whole family.

Civil Rights Statement:

"This facility, Good Shepherd Home, is operated in accordance with U.S. Department of Agriculture policy which does not permit discrimination because of race, color, sex, age, handicap, or national origin. Any person who believes that he or she had been discriminated against in any USDA related activity should write immediately to the Secretary of Agriculture, Washington, D.C. 20250."

About My Child:

Child's Name or Nickname: _____

Parental marital status (circle one):

Married Divorced Separated Widowed Single Parent

Other members of your household:

Name Age Sex Relationship to Child

If parents are not together, please fill out the following:

Age of child when parents separated: _____

Has the child had difficulties adjusting to the separation? _____ If so, describe _____

How often does your child see the other parent? _____

The Child Care Experience:

The following is to help us understand your child a little better and more completely meet his/her needs. If a question does not pertain to your child, please skip it and move on to the next question.

What do you hope to have your child gain from the childcare experience?

Describe your child's general nature—including likes and dislikes, special interests, abilities, etc.:

Please explain anything that may be of help in our understanding of your child and his/her needs (nervous habits, fears, speech difficulties, disciplinary problems, physical limitations, etc.):

Are there any special health conditions your child has that may affect your child's care (asthma, allergies, etc.)?

() Yes () No

If yes, please explain:

Are there any family dynamics that might impact your child's care you feel your child's teacher should be made aware of? If so please explain?

Does your child have any previous group experience?

Preschool/Pre-K Only –

Is your child toilet-trained? () Yes () No

If yes does he/she need help when going to the bathroom? () Yes () No
In what way does your child need help?

Does your child tell when he/she needs to use the toilet? () Yes () No

Is he/she likely to have accidents? () Yes () No

What terminology does your child use to indicate that he/she needs to go to the toilet?

Can your child dress himself/herself?() Yes () No

Does your child have a comfort item (stuffed animal, blanket, etc.)? () Yes () No
If so what is it? _____

Parent Handbook and Contract:

() I verify that I have received a copy of the Good Shepherd Child Care Parent Handbook.

() I verify that I have signed a Child Care Contract form stating the days and times ChildCare is needed.

Signature of Parent/Guardian: _____ Date: _____

Additional Comments:

** Parents if your child is an infant or a toddler please fill out the Information sheets on the following pages.

Thank You!

