

SERENITY CHILDCARE LLC APPLICATION



Date Admission _____ Full name of child _____

Child's birthday _____ What child like to be called _____

Parent's Information:

Mother's name _____ Father's name _____

Address _____ Home Phone _____

Mother's employment _____ Father's employment _____

Work # _____ Hours _____ Work # _____ Hours _____

Transportation Plan:

To insure the safety of your child, please list adults to whom your child maybe released or who is authorized to provide transportation for your child. Children under 18 are not permitted to pick children up.

Emergency Information:

Name of person other than operator, authorize to act for parent in case of emergency

Address _____ Where employed _____

Home phone _____ work _____ Hours _____

Name of Doctor _____ Phone _____



Other children in family

Experience with other Children, What are some of the ways in which your child plays at home?

Does he/she play with children from other families _____

Does he/she usually get his/her own way with other children? _____

If not, what is his/her reaction_____. Is the entire family together for any time during the day?_____

Habits

At what time does the child eat breakfast?_____ Snack_____ Supper_____

Between meal_____? What is he/ she attitude toward eating?_____ if he/she refuse to eat how is this handle and by whom? _____

Favorite food_____ Dislike food_____

Food allergy per doctor statement _____

If the child is an Infant use a separate sheet for information about the formula and bottles schedule, etc.

Sleep habit:

Has room alone_____ share with other sibling_____ Rooms with parents_____

Night time sleep from _____ to _____ average hours_____

Does he/she wet bed _____

Toilet Habit:

What time is child taken to the bathroom _____

Does he/she take themselves _____ time of bowel movement _____



Regular _____? constipated _____ does he/she tell when they need to go to the potty and without fussing _____? Can he/she manage his clothes at the potty _____ What word does he/she use urination _____ Bowel Movement _____

Speech and physical growth:

Does he/she talk well _____? Fairly well _____ not well at all _____?

Does anyone read to him/her? _____ How regular _____? At what age did he/she creep _____? Crawl _____? Walk _____? Would you describe him/ her as active or Quite _____ Thin _____ average _____ weight _____, Heavy _____ tall _____ average height _____ or short _____ friendly _____ or unfriendly _____

Give below any other information you think we should have about your child

Licensing:

I have received a summary of requirements I do hereby authorize emergency medical care.

Signature of parents (s) _____

Date child is withdrawn _____

Reason for withdrawal _____