

# GRACE M. EATON CHILD CARE ADMISSION APPLICATION

Date of Application: \_\_\_\_\_ Date Of Pre-Visit: \_\_\_\_\_ Date Child Admitted: \_\_\_\_\_  
 Child's Full Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (m.i.) \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City \_\_\_\_\_, TN, Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_ Child's Age: \_\_\_\_\_  
 Name Child Is Called: \_\_\_\_\_ Drop Off: \_\_\_\_\_ a.m. Pick up: \_\_\_\_\_ p.m.  
 Name of the School Child Attend(s): \_\_\_\_\_ Grade: \_\_\_\_\_

**Parent Information:**

<b>Mother's Name; Work Number; Employer;</b>		<b>Father's Name, Work Number; Employer;</b>	
<b>Employer's Address; Work Hours</b>		<b>Employer's Address; Work Hours;</b>	
Name: _____		Name: _____	
Employer's Name: _____		Employer's Name: _____	
Employer's Phone #: _____		Employer's Phone #: _____	
Employer's Address: _____		Employer's Address: _____	
Work Hours: _____	Work Days: _____	Work Hours: _____	Work Days: _____
Home # _____	Cell # _____	Home # _____	Cell # _____

**Emergency Information:**

Name of Doctor: \_\_\_\_\_ Office #: \_\_\_\_\_  
 Address of Office: \_\_\_\_\_ Hospital: \_\_\_\_\_

**Person Authorized to Act for Parents:Name/Relationship:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Hm Phone#: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Work Hours: \_\_\_\_\_

**\*\*\*\*\* Please initial after reading and agreeing to each statement. \*\*\*\*\***

I have received a summary of licensing requirements. \_\_\_\_\_  
 I do hereby authorize emergency medical care: \_\_\_\_\_  
 I have received a copy of the agency policy: \_\_\_\_\_  
 I have received information on the CACFP (food program) \_\_\_\_\_  
 My school-age child's immunization record is on file at the school attending. \_\_\_\_\_  
 Signature of Parent(s) \_\_\_\_\_

Fee: \$ \_\_\_\_\_ Paid by: \_\_\_\_\_ Parent(s) \_\_\_\_\_ DHS \_\_\_\_\_ Other \_\_\_\_\_  
 Date child is withdrawn: \_\_\_\_\_ Reason for withdrawal: \_\_\_\_\_

# CHILD ADMISSION APPLICATION BACKGROUND INFORMATION

Child's Name: \_\_\_\_\_

**Transportation Plan:** Person's authorized to provide transportation for your child (name and relationship to child)

- |           |           |
|-----------|-----------|
| 1. _____  | 2. _____  |
| 3. _____  | 4. _____  |
| 5. _____  | 6. _____  |
| 7. _____  | 8. _____  |
| 9. _____  | 10. _____ |
| 11. _____ | 12. _____ |
| 13. _____ | 14. _____ |

Parent(s) Signature: \_\_\_\_\_ Guardian: \_\_\_\_\_

Family members (other children)	Birthdate	Age	(What?) School

**Eating Habits:**

At what time does your child eat: Breakfast? \_\_\_\_\_ Lunch? \_\_\_\_\_ Dinner? \_\_\_\_\_

Does your child feed him/her self? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your Child's attitude toward eating? \_\_\_\_\_

Favorite Foods: \_\_\_\_\_

Disliked Foods: \_\_\_\_\_

Foods he/she is Allergic too: \_\_\_\_\_

**Infants:**

Formula is given how often: Every how many hours? \_\_\_\_\_ How many ounces every feeding? \_\_\_\_\_ oz(s)

**Sleep Habits:**

Does the child have his/her own room? Yes \_\_\_\_\_ No \_\_\_\_\_ Does the child sleep alone? Yes \_\_\_\_\_ No \_\_\_\_\_

# GRACE M. EATON CHILD CARE ADMISSION APPLICATION

Child's Name: \_\_\_\_\_

## Toilet Habits:

Can the child manage their clothing at the toilet? Yes \_\_\_\_\_ No \_\_\_\_\_ Or \_\_\_\_\_

Can the child tell you when they need to go to the bathroom? Yes \_\_\_ No \_\_\_ Words Used? \_\_\_\_\_

How does your child indicate toilet needs? Word(s) for Urination: \_\_\_\_\_

Word(s) for bowel movement? \_\_\_\_\_ Special words for body parts \_\_\_\_\_

## Daily Living:

Do your child play well alone? Yes \_\_\_\_\_ No \_\_\_\_\_ Does your child play well with others? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Is your child frighten by (circle all that apply) animals? rough children? loud noises? the dark? Storms? Anything else?

Who does most of the discipline? \_\_\_\_\_ How? \_\_\_\_\_

What is best way to discipline excluding physical punishment? \_\_\_\_\_

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

## Health History

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

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

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

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

Do your child take any medicine regularly? \_\_\_ If so, what? \_\_\_\_\_

Do your child have any problems with talking or making sounds? Yes\_\_ No\_\_ If yes, please explain. \_\_\_\_\_

Do your child have any problems seeing? Yes\_\_ No\_\_ If yes, please explain. \_\_\_\_\_

## Speech and Physical Growth:

Does your child talk well? \_\_\_ Fairly well? \_\_\_ Not very well? \_\_\_ Not at all? \_\_\_\_\_

Do anyone read to your child? \_\_\_ How often? \_\_\_\_\_

Would you describe your child as (circle all that apply) active? Quiet? Thin? Average weight? Friendly? Unfriendly?

Please give any other information you think we should have about your child, \_\_\_\_\_