

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:

| | | | |
|--|------------------|--|------------------|
| Mother's Name; Work Number; Employer; | | Father's Name, Work Number; Employer; | |
| Employer's Address; Work Hours | | Employer's Address; Work Hours; | |
| 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 Date child is withdrawn: _____ Reason for withdrawal: _____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 |
|---------------------------------|-----------|-----|----------------|
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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 _____

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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, _____