# Application For Enrollment

**MS. JEAN'S Child Care inc.**
NEW YORK STATE LICENSED
(716) 542-5707

Child's Name: _____

Child's Nickname: _____

Child's Birthday: _____      Child's Age: _____

## Parent Information

Mom's Name: _____

Dad's Name: _____

Home Address: _____

_____

Home Phone Number: _____

Mother Cell Phone: _____

Mother Work Phone: _____

Mother E-Mail Address: _____

Mother Employer: _____

Employer's Address: _____

_____

Hours of Employment are from _____ am until _____ pm

Father Cell Phone: _____

Father Work Phone: _____

Father E-Mail Address: _____

Father Employer: _____

Employer Address: _____

_____

Hours of Employment are from _____ am until _____ pm

Parents Are: (Please check one)

_____ Married      _____ Divorced      _____ Separated

_____ Widowed      _____ Single      _____ Dating

## Questions Regarding Care:

Beginning Date Needing Care: _____

Hours of Care Needed:

Monday:      _____      Tuesday: _____

Wednesday: _____      Thursday: _____

Friday:      _____

Do you have arrangements for care of the child in case of illness? _____

Do you have arrangements for care of the child in case of a sudden closing? _____
Is there anyone aside from the Parents that may pick up the child? (circle one)
        YES          NO
**\*\* If you circled "yes" please fill out the Authorization for Alternate Pickup Form.**
**    Form can be found on our website.**

## Child and Daycare Experience

Has your child even been in daycare before? (Circle one)   YES   NO
If you indicated yes, please identify the following:
Where: _____
When:  _____
What type of care? (Circle one)
      Daycare Center        Family Care        Home Care        Nanny/Babysitter
Was it a Positive Experience? _____
May we contact your previous care provider? _____
Are you currently enrolled in a care program? _____
Do you need to give a 2 week notice to your current provider? _____

Why are you currently looking for daycare? _____
_____
What do you expect for your child in a day care setting? _____
_____
How does your child feel about daycare and being left by daddy and/or mommy? _____
_____

## Child Family Information

Does your child have any siblings?        YES          NO
    <u>Name</u>                <u>Age</u>            <u>Sex</u>
_____    _____      _____
_____    _____      _____
_____    _____      _____
_____    _____      _____
Please describe your child's relationships with their siblings: (if applicable)
_____
_____
Do any members of the extended family live at home?     YES             NO
If you indicated yes, please explain: _____
_____
Are there any family situations currently ongoing that may affect child's behavior? (Ex:
Divorce, Illness, New Sibling Etc) _____
_____
Are there any languages other than English spoken at home? _____

## Child's Health Record

Please describe your child's general state of Health:

_____

Does your child have any medical conditions we should be made aware of?   YES        NO

If you indicated yes, please explain: _____
_____

Does your child have any allergies:              YES          NO

If you indicated yes, please explain: _____
_____

Are your child's Immunization records up to date?   YES                   NO

**\*\* Please note that an up to date record of immunizations MUST be submitted to our facility before your child can begin.**

Has your child had any of the following childhood illnesses?  (Please circle any that apply)

| | | |
|---|---|---|
| Acid Reflux | Asthma | Bronchitis |
| Constipation | Chicken Pox | Diabetes |
| Diarrhea | Fainting Spells | Frequent Colds |
| Frequent Ear Infections | Frequent Sore Throats | Heart Disease |
| Hepatitis | Impetigo | Lice |
| Measles | Mumps | German Measles |
| Polio | Psoriasis | Ringworm |
| Skin Rashing | Stomach Upsets | Tuberculosis |
| Urinary Problems | Whooping Cough | Worms |

Please explain in detail if necessary:  _____
_____
_____

Does your child have any speech, visual or hearing problems and/or limitations?  _____
_____

Has your child ever been tested for any speech, hearing or visual problems?  _____
_____

Would your child have any restrictions to play or activities?  _____
_____


**<u>Child Behavior & Temperament</u>**

Please describe your child's temperament:  _____
_____

How does your child act when......

    Tired:  _____

    Excited:  _____

    Sick:  _____

    Happy:  _____

    Frustrated:  _____

Does your child have any security items?  (Ex: blanket, stuffed toy)  _____
_____

How does your child act around other children?  _____
_____

Has your child been frequently exposed to social situations with other children their own age?

_____

What methods of discipline do you use at home?  _____

_____

How does your child usually respond to discipline methods?  _____

_____

## Child Sleeping/Napping Information
Where does your child sleep when at home?  _____
When does your child wake up each day?  _____
When does your child go to sleep every evening?  _____
Is your child currently sleeping through the night?  _____
How frequently does your child nap in a day?  _____
How long does your child tend to nap?  _____

## Child Potty Training Information (only required for toddler/Pre-School children)
Is your child currently potty training?          YES          NO
What methods are you using at home?  _____

_____

What word does your child use for:
    Urination:  _____          Bowel Movements:  _____
What word does your child use to describe their private parts?  _____
Do you have any concerns regarding your child's potty training?  _____

_____



**Name of Parent Applicant: (please print)**  _____

**Signature of Parent Applicant:**  _____

**Date of Application:**  _____          **Received by:**  _____

**Punchcode #'s:**  _____  _____  _____  _____          _____  _____  _____  _____