

# Kinder-Prep Preschool & Childcare LLC

## Childcare Application

Today's Date:

### Child's Information

Full Name:

Date of Birth:

Street Address:

City/State & Zip Code:

### Parent/Guardian Information

Full Name:

Relationship to Child:

Street Address:

City/State & Zip Code:

Cell Phone #:

E-Mail Address:

Lives with Child?

Place of Work (If Applicable):

Address:

Job Title:



Full Name:

Relationship to Child:

Street Address:

City/State & Zip Code:

Cell Phone #:

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E-Mail Address:

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Lives with Child?

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Place of Work (If Applicable):

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Address:

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Job Title:

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Child's Medical Information

Doctor's Name:

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Practice Name (If Applicable):

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Location:

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Phone #:

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Health Insurance Carrier:

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Health Insurance Company:

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Health Insurance State:

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Please list any known allergies, reactions that occur, and treatment for each \*

Food Allergies:

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Medication Allergies:

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Other Allergies:

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Are there any medications your child takes on a regular basis, known medical conditions, or medical considerations we should know about?

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## Childcare Needs

Are you looking for full-time or part-time care?

What are your preferred days for care?

What are your preferred hours for care?

## About Your Child

Has your child been in childcare before? If yes, what age(s)?

How does your child react in a new social setting?

Does your child follow directions well (most of the time)?

How does your child interact with peers?

Is your child potty trained?

Can your child dress him/herself?

Can your child feed him/herself?

Can your child drink from an open cup?

Does your child eat a well-balanced diet?

Does your child exhibit a healthy appetite?

What are some of your child's favorite foods to eat?

Is there anything that concerns you about your child's eating habits?

Does your child nap? If so, for about how long?

Is there anything special that helps your child sleep comfortably?

How does your child react when they are feeling sad/upset?

What typically makes your child feel better?

Is your child prone to any reactionary behaviors such as tantrums, hitting, biting, scratching, etc.?

Is your child typically able to communicate his/her needs verbally?

Is your child typically able to communicate his/her feelings about something?

Is there anything that concerns you about your child's social skills?

What are some of your child's special interests?

List some of your child's favorite indoor activities:

List some of your child's favorite outdoor activities:

Does your child show an interest in books? If so, what types? (for example: story books, touch and feel, interactive, musical, illustrated, real photos, etc.)

What are some words you would use to describe your child's personality/temperament?

What are some activities you enjoy doing as a family?

What are some of the things you love about your child?

### About Your Family

Who lives at home with your child?

Does your child have any other immediate family members that they do not live with?

If your child has siblings, what are their names/ages?

Does your family have any pets?

Does your family celebrate birthdays?

What other holidays does your family celebrate?

Does your family have any religious or cultural beliefs that are important to you?

## Goals for Your Child

What are some skills/concepts you hope to see your child improve on over the next year?

What kind of social/emotional goals do you have for your child over the next year? (For example: controlling emotions, making friends, having conversations, staying on topic, relating to past experiences, showing compassion, turn-taking, etc.)

Have you considered a plan yet for Kindergarten? If yes, feel free to give specifics.

TO BE COMPLETED WITH KINDER-PREP STAFF:

*Please print and sign that the above information is correct and has been provided by a legal parent/guardian.*