LARGE FAMILY CHILDCARE APPLICATION

1148 RIVER ROAD, NEW CASTLE, DE 19720 | PHONE: (302) 276-0540 | CHILDCARE@BRICKHOUSEACADEMY.ORG

CHILD INFORMATION CARD

Child's Information		**Last 4 of Parent's SSN:**	
Child's name:	Date of birth:	Date of enrollment:	Gender (M/F): Select...
Child's address (street, apt.#, city, state, zip code):		Days and hours child will attend: M ☐ T ☐ W ☐ T ☐ F ☐ Arrive: Depart:	

Parent/Guardian Information (1) Emergency Contact/Authorized to Pick-up Child		**Parent/Guardian Information (2)** Emergency Contact/Authorized to Pick-up Child	
Full Name:	Relationship: Select...	Full Name:	Relationship: Select...
Address (street, apt.#, city, state, zip code): ☐ Same as Child		Address (street, apt.#, city, state, zip code): ☐ Same as Child	
Cell phone (primary):	Occupation:	Cell phone (primary):	Occupation:
Email:		Email:	
Work phone:	Hours of employment:	Work phone:	Hours of employment:
Employer name and address (City and State):		Employer name and address (City and State):	

Emergency Contacts and People Authorized to Pick-up Child

Full Name:	Address (street, apt.#, city, state, zip code):	Phone:	Relationship: Select...
Full Name:	Address (street, apt.#, city, state, zip code):	Phone:	Relationship: Select...

☐ **Emergency Medical Care:**

I, _____, the parent (or legal guardian) of _____, who is my minor child hereby authorizes emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

☐ **Transportation:**

I, _____, the parent (or legal guardian) of _____, who is my minor child hereby give permission for my child to be transported by the center.

_____ **Parent/ Guardian Signature** _____ **Date**

Medical Information

This information is necessary for your child's protection and this facility is required to have it. This information must be kept current.

Name of child's physician:	Office phone:
Special medical information, medications, allergies, diet:	Health insurance identification information:

PARENTS RIGHT TO KNOW

UNDER THE LAW CODE YOU ARE ENTITLED TO INSPECT THE ACTIVITY RECORD AND COMPLIANT FILES OF ANY LICENSED CHILD FACILITY. TO REVIEW A CHILD CARE FACILITY RECORD CONTACT: Office of Child Care Licensing, 3411 Silverside Road, The Concord, Wilmington, DE 19810, (302) 892-5800. You may also view sustained complaints and compliance review histories for the past three years by visiting https://education.delaware.gov/families/occl/child_care_search/facility-details/?license_number=1169373

☐ I acknowledge I have received this notice as part of application packet.

Parent/ Guardian Signature **Date**

PARENT PERMISSION FOR DVD/TV VIEWING

Children, over the age of 2 years old, may have an educational movie or program incorporated into their curriculum. Movies shown will be age appropriate and not exceed one hour in length.

☐ I hereby authorize my child to watch educational movies.

Parent/ Guardian Signature **Date**

PARENT PERMISSION TO SLEEP ON A MAT

Children over the age of 2 years old may have to sleep on a cort of mat during nap time.

☐ I hereby authorize my child to sleep on a cot, mat, or bed.

Parent/ Guardian Signature **Date**

PARENT PERMISSION TO SLEEP IN ANOTHER AREA

Children under age two may sleep in another area on the same level of the home where care is provided without being directly supervised.

☐ I hereby authorize my child to sleep in another area.

Parent/ Guardian Signature **Date**

PARENT PERMISSION FOR COMPUTER USAGE

Children, over the age of 2 years old, will have the opportunity to occasionally play educational games on the computer. Children will be closely supervised to ensure that age-appropriate and educational websites are being viewed while using the internet. Computer time will not exceed one hour in length.

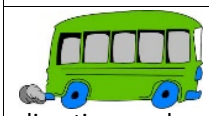
☐ I hereby authorize my child to use the computer.

Parent/ Guardian Signature **Date**

RECEIPT OF PARENT HANDBOOK

I certify that I have received information regarding the Center's policies on the following topics: a typical daily schedule, positive behavior management techniques, routine and emergency health care, health exclusions and prevention of communicable diseases, food and nutrition, procedures for releasing children, reporting of accidents, injuries or critical incidents, mandatory reporting of child abuse and neglect, administration of medication procedures, non-discrimination, developmental and educational goals, complaints, and transportation, if provided.

Parent/ Guardian Signature **Date**



TRANSPORTATION PERMISSION

I hereby give permission for my child to be transported by: _____

Please list any special needs or problems which might require additional attention during transportation and directions on how handle the special need. This information will be carried with the operator of the vehicle named above.

Parent/ Guardian Signature **Date**

Indicate any special needs or instructions:

GETTING TO KNOW YOU AND YOUR CHILD

Please complete this section to provide information that would assist us to understand more about you (parent/guardian) and your child.

Does your child respond to a nickname?	YES ☐	NO ☐	Nickname (if yes)				
Parents are … Check all that apply:	Married ☐	Single ☐	Divorced ☐	Live Apart ☐	Live Together ☐	Widowed ☐	Never Married ☐
Child has stepparent?	YES ☐	NO ☐					

If child has stepparent …	Name	Phone Number
– Stepmother's Name/Phone Number		
– Stepfather's Name/Phone Number		
If child does not live with parents, who is the primary caregiver?	**Caregiver Name and Relationship**	**Caregiver Phone Number**

Mother's age at time of birth		Length of pregnancy in weeks		Child's birth weight	
Father's age at time of birth		Child's health at birth (describe any health problems or concerns:			

Others living in child's household (**Name**):	**Age**	**Relation**
		Select...
		Select...
		Select...
		Select...
		Select...

Check all conditions/illnesses the child has been treated for:

☐ Colic	☐ Flu	☐ Mumps	☐ Scarlet Fever	☐ Diarrhea	☐ Rash
☐ Chicken pox	☐ Rubella	☐ Measles	☐ Stomach Virus	☐ Pneumonia	☐ TB
☐ RSV	☐ Strep	☐ Pertussis	☐ Impetigo	☐ Ear Infection	☐ Headache

	YES	NO	If yes, please explain:
Was child hospitalized in the NICU for any length of time?	☐	☐	
Has your child ever been hospitalized? (*Impatient or outpatient)*	☐	☐	
Has your child ever had surgery?	☐	☐	
Does your child have any chronic or debilitating illnesses?	☐	☐	
Does your child take prescription medications(s) regularly?	☐	☐	
Does your child have any allergies?	☐	☐	Treatment / Management
Seasonal ☐ / Environmental ☐ / Food ☐ / Other ☐			
Does your child **NOT** live in a smoke-free home?	☐	☐	
Does your child **NOT** have opportunities to play with other children?	☐	☐	
Does your child have any special needs? (medical, developmental, social, mental health, etc.)	☐	☐	
Does your child have any imaginary friends?	☐	☐	
Are there any special fears or problems that we should know about?	☐	☐	
Pets in the home?	☐	☐	

Describe child's eating habits:

Describe child's personality (*outgoing/shy/talkative/energetic/fearful/nervous/angry/quiet*):
Child's favorite activities:
Does your family use special words for bowel movements/urination/private parts?
List former childcare or home daycare child attended (*please include the length of time and age at attendance*):
Did your child like attending childcare/home daycare? ☐ YES ☐ NO. *If no, please explain*:
Reasons for leaving previous care:
Is there any information related to the child, family composition, previous experiences, etc. that might help us make the transition to our program easier for your child?
Which adult does the child spends most of her or his time?
Are there any custody issues or visitation arrangements that we should be aware of? *A copy of a court order is necessary for us to prohibit a parent from picking up the child.*
Is there any aspect of our program that is especially important to your child/family?
Is there any information about your family's culture, ethnicity, language, or religion that you feel is important for us to know?
What are you hoping most that your child takes from the childcare experience?
What questions or concerns do you have about our childcare program?
Does your child have an IEP? ☐ YES ☐ NO. *If "Yes", please explain and provide us with a copy so that we can provide the best possible learning environment for your child.*
How can we address **Inclusion Needs** for the child?

Please indicate any recent family crises or problems that have occurred in the child's household:

☐ Separation/Divorce	☐ Parent's new job	☐ Death of family member	☐ Moved to new home
☐ Death of pet	☐ Birth of sibling	☐ Family member illness	☐ Custody issues
☐ History of abuse	☐ Family member incarcerated	☐ Recent illness or injury	☐ Other

Infant/Toddler Students: Give child's age in months for first experiences with the following:			Age in months:
☐ Solid food	☐ Pulling up	☐ Sleeps through night	☐ Crawling
☐ Walking	☐ Drinking from cup	☐ First words	☐ Uses spoon
☐ Rollover	☐ Stands alone	☐ Climbs stairs	☐ Potty trained

Infant/Toddler/Preschool Students		
– Bedtime: – Usual wake time: – Normal nap time:	☐ Nightmares ☐ Sleeps through the night	☐ Bedwetting ☐ Uses pacifier
Does child have a comfort toy, at bedtime? ☐ YES ☐ NO	If yes, explain:	