

APPLICATION FOR CHILD CARE
Kathryn's Learn & Play

Application Date: _____

Intended Enrollment Date: _____

Full Name of Child: _____ **Nickname:** _____

Date of Birth: _____ Age at time of enrollment: _____ Gender: Male Female

Home Address: _____ City: _____ State: _____ Zip: _____

Family Members in the home: _____

Parent/Guardian Name: _____

Address (if different than child's): _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Name of Current Employer: _____ Work phone number: _____

Address of Employment: _____ City: _____ State: _____ Zip: _____

Second Parent/ Guardian's Name: _____

Address (if different than child's): _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Name of Current Employer: _____ Work phone number: _____

Address of Employment: _____ City: _____ State: _____ Zip: _____

Emergency Contacts for the above listed child:

Name: _____

Relationship: _____

Phone Number: _____

Address: _____

Additional Phone Number (Work): _____

Name: _____

Relationship: _____

Phone Number: _____

Address: _____

Additional Phone Number (Work): _____

Name: _____

Relationship: _____

Phone Number: _____

Address: _____

Additional Phone Number (Work): _____

Persons authorized to pick up your child: (must show ID)

Name: _____

Relationship: _____

Phone Number: _____

Address: _____

Additional Phone Number (Work): _____

Name: _____

Relationship: _____

Phone Number: _____

Address: _____

Additional Phone Number (Work): _____

Name: _____

Relationship: _____

Phone Number: _____

Address: _____

Additional Phone Number (Work): _____

Child's Doctor Name: _____

Clinic/Hospital Name: _____

Address: _____

Phone Number: _____

Child's Dentist Name: _____

Clinic/Hospital Name: _____

Address: _____

Phone Number: _____

Hospital of Preference (please check one)

North Colorado Medical Center (Banner) 1801 16th Street, Greeley, CO 80631 970-810-4121

UC Health Greeley Hospital 6767 29th St Rd, Greeley, CO 80634 970-652-2000

The Children's Hospital 13123 East 16th Ave Aurora, CO 80045 720-777-1234

Other Hospital:

Name: _____ Address: _____ Phone: _____

Does your child have a health care plan? Yes No

If yes, the health care plan must be provided on or before the first day the child is in care.

Is your child fully immunized? Yes No

Complete immunization records must be provided on or before the first day the child is in care.

Health History (Chronic or Recurring)

Answer Yes/No- If Yes, please provide more information.

Ear Infections: _____	Diabetes: _____	Heart disease/defect: _____
Convulsions/seizures: _____	Asthma: _____	Nosebleeds: _____
Measles: _____	Mumps: _____	Chicken Pox: _____
Flu or Flu Shot: _____	Other: _____	

More information (if needed): _____

Allergies (Please note the type of reaction.)

Hay Fever: _____	Plant Poisoning: _____	Insect Stings: _____
Penicillin: _____	Other drugs: _____	Animals: _____
Food: _____	Other: _____	

More information (if needed): _____

Operations or serious injuries (dates): _____

Is the child on any medications? (Explain): _____

If yes, please describe: _____

Physical Limitations: _____ Describe if yes: _____

Dietary Limitations: _____ Describe if yes: _____

Vision: _____ Hearing: _____

Are there any activities that you prefer that your child NOT participate in?

If so, please list: _____

I hereby give Kathryn Richter permission to call a doctor or emergency medical services and/or the doctor, hospital or medical service to provide emergency medical or surgical care for my child, _____.

It is understood that the child care provider will make a conscientious effort to locate the parent/guardians and emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed treatment will not be delayed. I/we will accept the expense of any emergency transportation, medical or surgical treatment.

Parent/Guardian Signatures:

_____	Date: _____
_____	Date: _____

Pre-Care Interview Questions

Child's Name: _____

DOB: _____

I agree rates for daycare will be _____ per week.

How did you hear about us? _____

Has your child been in daycare before? YES / NO

If yes, why are they leaving their current daycare?

The child lives with: _____

Primary language spoken at home: _____

Describe your child:

LOVING / KIND / HAPPY / INTROVERTED / EXTROVERTED / FRIENDLY / LEADER / TALKATIVE / ENERGETIC

INDEPENDENT/ LEADER/ ADVENTURER / ACTIVE _____

Does your child nap? YES / NO If so, when do they usually take a nap? _____

Nap routine: (i.e. dark room, pacifier, special blanket or stuffed animal) _____

What are your child's favorite toys/games? _____

What strategies work best for calming your child? _____

Is your child a good eater? _____ Favorite foods: _____

Known disliked foods: _____

Does your child have any behaviors we should be aware of? _____

Any known allergies? YES / NO

If yes, please explain: _____

Any known health problems? YES / NO

If yes, please explain: _____

How do you discipline your child at home?

Where is your child in the potty training process, and what routine are they used to that I can help with?

Does your child have any comfort items they'll be bringing to child care? (i.e. stuffed animal, blanket, pacifier)

What would you like me to know about your child's personality, development, habits, or anything else?

This form was filled out by: _____ Relationship to child: _____

Signature: _____ Date: _____

Family Checklist for Joining Childcare (Onboarding Process)

1. **Meet via phone/text**
 - Meet with me via phone/text to generally share information to ensure we both want to move forward with an in person meeting.
2. **Meet in person**
 - Schedule a time to meet at my house.
 - The purpose of this meeting is so that I can meet you and your child face to face, and you can see where your child will be.
3. **Fill out the application paperwork**
 - I will email you all the paperwork you need, or I can print it off for you and send it with you at the in person visit.
 - Once I have reviewed all paperwork and ensured that it is filled out completely, I will contact you to confirm your child's start date.

Required Documentation

1. **Application Form**
 - Fill out the childcare application form completely.
 - Include any required personal information (name, address, emergency contacts).
2. **Shot Records**
 - Obtain and provide the child's current immunization records.
 - Ensure all vaccinations are up-to-date.
3. **Physical Form**
 - Schedule a physical exam with a healthcare provider.
 - Ensure the form is signed and dated by the doctor.
4. **Consent Forms**
 - Complete any consent forms for emergency medical treatment.
 - Sign any photo/video release forms, if applicable.
5. **Health and Allergy Information**
 - Provide details about any allergies or medical conditions.
 - Include any necessary medications or special care instructions.
6. **Emergency Contact Information**
 - List at least two emergency contacts, including phone numbers.
 - Include any additional relevant information (e.g., pick-up arrangements).

Preparing for the Transition

1. **Discuss Childcare Routine**
 - Talk about daily schedules, activities, and what the child can expect.
 - Encourage questions!
2. **Gather Personal Items**
 - Prepare a bag with personal items for the child (change of clothes, comfort items).
 - Include any necessary supplies (diapers, wipes, etc.).
3. **Familiarization**
 - Allow the child to visit and explore the space during your visit.
 - Discuss any rules or expectations to ease the transition.

Follow-Up

- I will confirm that all paperwork is completed before the start date.
- Please reach out with any questions or concerns.