

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 16<sup>th</sup> 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.