



# Chittenango Child Care Center, Inc.

208 Tuscarora Road  
Chittenango, NY 13037  
Telephone: (315) 687-7962  
Fax: (315) 687-7652  
[www.chittenangochildcarecenter.com](http://www.chittenangochildcarecenter.com)

## Toddler *Ready* / PRE-SCHOOL APPLICATION FOR ENROLLMENT

### Family and Social History

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother (or Guardian) \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

Father (or Guardian) \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

Living Status of Parents: Living Together \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_

Custody/Visitation Arrangements \_\_\_\_\_

### Brothers & Sisters of Child:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_

### History of Child

Has your child been in childcare before? \_\_\_\_\_ Where? \_\_\_\_\_

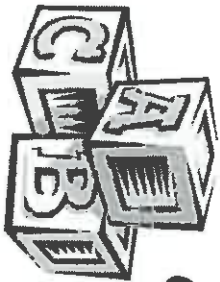
Any eating problems? \_\_\_\_\_ Is your child on a special diet? \_\_\_\_\_

Does your child have any food allergies? \_\_\_\_\_

Other dietary restrictions \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_ If not, are you actively working towards this? \_\_\_\_\_

Does your child have any special fears? Please specify: \_\_\_\_\_



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Does your child have any speech problems? \_\_\_\_\_

Does your child have any special needs we should know about? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

## Health History of Child

What illness has the child had? Please list the age at time of illness:

Chicken Pox \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Diabetes \_\_\_\_\_

Mumps \_\_\_\_\_ Measles \_\_\_\_\_ Hepatitis \_\_\_\_\_

Does your child have frequent: Please explain.

Colds \_\_\_\_\_ Tonsillitis \_\_\_\_\_

Nosebleeds \_\_\_\_\_ Diarrhea \_\_\_\_\_

Earaches \_\_\_\_\_ Stomachaches \_\_\_\_\_

Does your child vomit easily? \_\_\_\_\_

Does your child run high fevers easily? \_\_\_\_\_

Has your child had febrile seizures? \_\_\_\_\_

Has your child had any serious accidents/injuries? \_\_\_\_\_ Explain: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

How does the allergy manifest itself? Asthma \_\_\_\_\_ Hay Fever \_\_\_\_\_ Hives \_\_\_\_\_ Other \_\_\_\_\_

Has your child had his/her vision tested? \_\_\_\_\_ Date \_\_\_\_\_

Has your child had a hearing test? \_\_\_\_\_ Date \_\_\_\_\_

Any other information we should know? \_\_\_\_\_

\_\_\_\_\_

How did you hear about Chittenango Child Care Center? \_\_\_\_\_

I affirm that all information furnished by me is true to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_