



Office Use Only:

___ Registration Paid

Date: _____

___ Check# _____

___ Cash

Application Form

Student Information

Child's Name: _____

Child's Age: _____ Child's Birthday: _____

Nickname: _____

Application Completion Date: _____

Address: _____

Parent Information

Mother's Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

Father's Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

Parents are:
Married _____
Divorced _____
Separated _____
Widowed _____
Single _____

Mother's Employer (include name and address, telephone number and extension):

Telephone: _____

Hours of employment are from _____ a.m. to _____ p.m.

Father's Employer: (include name and address, telephone number and extension):

Telephone: _____

Hours of employment are from _____ a.m. to _____ p.m.

School Information

Beginning date needing care _____

We offer full time and part time childcare services. Our full-time program is Monday-Friday from 7:00 a.m. to 5:30 p.m. Our part-time program is offered as a wrap-around program for our Graves County Preschool students. We also offer drop-in/emergency care services as space is available.

Please indicate the program in which you are interested.

- ____ Full Time Program (7:00 a.m.-5:30 p.m.)
- ____ Part Time Program (1/2 day for Preschool Wrap-Around)
- ____ Two Day Program Days: _____
- ____ Three Day Program Days: _____
- ____ Drop-In/Emergency Services

Please indicate the childcare site in which you are interested.

- ____ Fancy Farm Elementary (Only follows preschool wrap around program)
- ____ Farmington Elementary
- ____ Graves County Middle School

Times you plan to drop off your child _____

Times you plan to pick up your child _____

(Our main instructional lessons are from 8:30 a.m.-11:30 a.m. each day. We ask that you do not pick up or drop off your child during this time.)

Emergency Contacts/Authorized Transportation Individuals

(Please list all people that are authorized to be contacted in case of emergency and that can transport your child to and from school.)

Name:	Phone Number(s):

Has your child ever been in childcare before?_____

What type (center, family daycare, grandma etc.)?_____

Was it a positive experience?_____

Why are you looking for a childcare program?_____

Are there any areas you would like to see your child working on?_____

Student Profile

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc.?

What are some of your child's favorite activities?_____

Are there any food restrictions?_____

Does your child have any special needs or concerns?_____

What are your child's napping habits?_____

What are your hopes/expectations for your child here?

CHILD'S HEALTH RECORD: (A copy of your child's immunizations will be needed.)

General state of health:

Doctor's name_____

Doctor's phone number _____

Are your child's immunizations up to date? _____

(Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered medications.)

Does your child have any known allergies?

Does your child have any medical conditions in which we should be made aware?

Does your child have any hearing or visual problems? If so, please list:

Has your child had the following common childhood illnesses? (*please circle*)

Does your child have any problems with any of these?

Constipation
Convulsions
Diarrhea
Fainting Spells
Frequent Colds
Frequent Ear Infections
Frequent Sore Throats
Lice
Ringworm
Skin Rash
Soiling
Stomach Upsets
Urinary Problem
Worms

Has your child had any of these diseases?

Asthma
Bronchitis
Chicken Pox
Diabetes
Heart Disease
Hepatitis
Impetigo
Measles
Mumps
German Measles
Polio
Scarlet Fever
Tuberculosis
Whooping Cough

What is your child's favorite food? _____

Child's favorite color _____

Does your child know the basic shapes _____

ABC's _____ colors _____ numbers _____

Can your child be relied upon to indicate bathroom wishes? _____

What language(s) are spoken at home?

Does your child have any security objects such as a blanket, soother, toy etc. ?

How does your child behave when he/she is sick?

How is your child most easily settled when upset or afraid?

What are your child's favorite activities, toys, books, or games?

Are there any other comments or information you would like to let us know about?

Any specific concerns? _____

Parent Signature: _____ Date: _____