

# Sulphur Springs Community Child Care

1432 Gray - Sulphur Springs Road  
Jonesborough, Rd. 37659

## Child's Application

Full Name of Child: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Name the child goes by: \_\_\_\_\_

Is the child related to the primary caregiver?  No  Yes – Relationship: \_\_\_\_\_

Child's school (if applicable): \_\_\_\_\_

Are the child's immunization records housed at the above school?  Yes  No If no, list the school where they are housed:

Name	Address	Phone
_____	_____	_____

Name of Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

## Parents/Custodial Parents:

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

City	State	Zip	City	State	Zip
_____	_____	_____	_____	_____	_____

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employment: \_\_\_\_\_ Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

City	State	Zip	City	State	Zip
_____	_____	_____	_____	_____	_____

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Hours: \_\_\_\_\_ e-mail \_\_\_\_\_ Work Hours: \_\_\_\_\_ e-mail \_\_\_\_\_

## Transportation Plan:

Please list any other adults to whom your child may be released or are authorized to provide transportation for your child.

\_\_\_\_\_  
\_\_\_\_\_

Will the child be transported by the agency?  No  Yes If yes, check all that apply:  to school  from school  
 to home  from home  field trips only - with prior written permission for each off-site activity

## Emergency Contact Information:

1. Name of person, other than the child care provider, authorized to act for parent in an emergency.

\_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City	State	Zip
_____	_____	_____

Place & Address

of Employment/School: \_\_\_\_\_  
City State Zip

Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ email \_\_\_\_\_

Alternate Phone Numbers (cell): \_\_\_\_\_

2. Name of person, other than the child care provider, authorized to act for parent in an emergency.

\_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City State Zip

Place & Address  
of Employment/School: \_\_\_\_\_  
City State Zip

Work Phone: \_\_\_\_\_ e-mail \_\_\_\_\_ Work Hours: \_\_\_\_\_ email \_\_\_\_\_

Alternate Phone Numbers (cell): \_\_\_\_\_

3. Name of person, other than the child care provider, authorized to act for parent in an emergency.

\_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City State Zip

Place & Address  
of Employment/School: \_\_\_\_\_  
City State Zip

Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Alternate Phone Numbers (cell): \_\_\_\_\_

**Physician Contact Information:**

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

**Background Information:**

Other Children in the Family	Date of Birth	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Experiences with Others:**

What are some of the ways the child plays at home? \_\_\_\_\_

Does he/she play with children from other families? \_\_\_\_\_ How? \_\_\_\_\_

Does he/she react when he/she does not get his / her own way? \_\_\_\_\_

Is the entire family together for any time during the day? \_\_\_\_\_

**Eating Habits:**

At what time does the child eat breakfast? \_\_\_\_\_ Lunch? \_\_\_\_\_ Dinner? \_\_\_\_\_

Between-meal Snacks? \_\_\_\_\_ Does the child feed himself/herself? \_\_\_\_\_

What is the child's general attitude toward eating? \_\_\_\_\_

If the child refuses to eat, how is this handled and by whom? \_\_\_\_\_

Food Favorites: \_\_\_\_\_

Food Dislikes: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

If the child is an infant, use a separate sheet for information about the formula, bottle schedule, etc.

**Sleep Habits:**

Has own room: \_\_\_\_\_ Shares room with:  Other Children  Parents

At night sleeps from \_\_\_\_\_ to \_\_\_\_\_ Average Hours of Sleep Per Night: \_\_\_\_\_

Naps from \_\_\_\_\_ to \_\_\_\_\_ Average Hours of Naps: \_\_\_\_\_

Attitude toward going to bed: \_\_\_\_\_

If there is difficulty, how is this handled? \_\_\_\_\_

Habits associated with going to bed? \_\_\_\_\_

Is bed wetting an issue? \_\_\_\_\_ At nap time? \_\_\_\_\_ At night? \_\_\_\_\_

If yes, how is the situation handled? \_\_\_\_\_

**Toilet Habits:**

Time at which child is taken to the bathroom? \_\_\_\_\_

Can the child take themselves? \_\_\_\_\_ Time of bowel movement? \_\_\_\_\_ Regular? \_\_\_\_\_

Constipated? \_\_\_\_\_ Does the child tell you when he/she needs to go and does he/she go willingly? \_\_\_\_\_

Can he/she manage his/her clothes at the toilet? \_\_\_\_\_ What words does he/she use for:

Urinating: \_\_\_\_\_ BM: \_\_\_\_\_

**Speech and physical Growth:**

The child talks:  Well  Fairly Well  Not Very Well  Not at All

Does anyone read to the child? \_\_\_\_\_ How regularly? \_\_\_\_\_ At what age did the child creep? \_\_\_\_\_

Crawl? \_\_\_\_\_ Walk? \_\_\_\_\_ Which of the following words would you use to describe the child (check all that apply):

active  quiet  thin  average weight  heavy  tall  average height  short  friendly  unfriendly

Is there any other information you think we should have about the child? \_\_\_\_\_

**Ongoing Medical Care:**

Does the child have any medical diagnosis that requires ongoing care? \_\_\_\_\_

If yes, explain what type of care is administered at home and by whom? \_\_\_\_\_

Are you requesting that this care be provided at the facility?  Yes  No If yes, describe the care required: \_\_\_\_\_

(Request a doctor's statement for any specified requests for care at the facility).

**Parent Declarations:**

I received a summary of the licensing requirements.

I do hereby authorize emergency medical care for my child (a limited power of attorney may be required for military dependents).

I visited the facility prior to enrolling my child. Pre-enrollment Visit Date: \_\_\_\_\_

I received a copy of the child care facility's policy statement or handbook, and payment contract, and I have signed their copy, verifying by receipt my understanding and agreement of their content.

I authorize the agency to transport my child as specified in the transportation plan section (see page 1)

I authorize Sulphur Springs Child Care Center to photograph my child (ren).

Signature of Parent(s)/Guardian(s) \_\_\_\_\_

Date \_\_\_\_\_

Date of Child's Withdrawal: \_\_\_\_\_ Reason for Withdrawal: \_\_\_\_\_

This form/information shall be maintained for one year after date of disenrollment.

Information on this form shall be updated annually or as needed to ensure the protection of the child.

Date of last update with parent's initials:
