



Care to Learn Child Development Center, Inc.
www.caretolearn.net

APPLICATION FOR CHILDCARE SERVICES

Today's Date _____

Child's Name _____ Child's Birth date _____

Child's Address _____ City _____ State _____ Zip Code _____

Mother's Name (or legal guardian) _____

Legal Guardian SS# (must be filled out) _____

Mother's Home Address _____

City _____ State _____ Zip Code _____

Mother's Home Telephone # _____

Mother's Cell Phone # _____

Mother's Email Address _____

Father's Name (or legal guardian) _____

Father's Home Address _____

City _____ State _____ Zip Code _____

Father's Home Telephone # _____

Father's Cell Phone # _____

Father's Email Address _____

If parents are not married, do both parents have custody? • Yes • No

*the child to either parent.
ents must be placed on file.*



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Mother's Occupation _____

Mother's Employer _____

Mother's Business Address _____

City _____ State _____ Zip Code _____

Mother's Business Telephone # _____

Father's Occupation _____

Father's Employer _____

Father's Business Address _____

City _____ State _____ Zip Code _____

Father's Business Telephone # _____

Name, address, telephone # (during center hours), and relationship to child of person to be contacted in emergency if parents are not available:

ted emergency contacts.

1. _____

2. _____

3. _____



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Name and address of child's physician or source of medical care:

Special Disabilities:

Special medical or dietary information for management in an emergency situation, i.e. allergies, medications, special conditions:

Do you or your child's physician/medical provider have concerns about your child's physical or language development? If so, please list: _____

Health Insurance coverage for child under family insurance policy or medical assistance benefits, if applicable: Carrier _____ Policy # _____

Developmental History:

Birth Length: _____ Birth Weight: _____

Is your child adopted? _____ If so, at what age? _____

Pregnancy Experience: • Normal

• Minor Complications: Describe _____

• Major Complications: Describe _____

Delivery Experience: • Normal

• Minor Complications: Describe _____

• Major Complications: Describe _____



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- Cesarean Delivery

How would you describe your child's disposition?

Health History:

Describe any health problems or concerns:

Describe any severe injuries or operations:

When did your child begin to sit alone _____, crawl _____, walk alone _____,
cut his/her first tooth _____, speak his/her first word _____, make sentences _____,
feed him/herself with a spoon _____, drink from a cup _____?

Was your child breast-fed? _____ If so, how long? _____?

Does your child have bladder control? _____ If so, age when trained _____

Does your child have bowel control? _____ If so, age when trained _____

What methods did you use to train your child?



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What words does your child use to indicate toileting needs?

Social/Emotional History:

List history or future of any major life changes for child:

List previous caregivers:

List concerns about previous caregivers:

List family's method of discipline:

List child's play activities:

List any problematic fears of child:



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Home Environment:

Who are your child's siblings and what are their ages?

Who are the adults living in the child's home and what are their ages?

How often does your child see other relatives?

Is your child accustomed to short separations from you with baby-sitters or relatives? _____

If yes, please describe: _____

Describe morning routine in preparation for school/work:

Describe evening routine:

Describe bedtime routine:

Describe weekend routine:



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Summary:

Is there anything that we should know about your child to help make this a better experience for him/her?

List any talents, hobbies, skills, or interests that YOU, the parent or guardian, could share with the children at the Center? (e.g. dance, music, art, crafts, puppetry, or occupation related skills) _____

How did you hear about Care to Learn? _____

Date you wish your child to start: _____



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Tuition:

Tuition is due on the Friday in advance of services rendered and is not subject to pro-ration for illness, holidays, or emergency closure of the center. If you plan to change the hours needed for care in any way, notify the Center immediately. If tuition is not paid by 12:00 pm on Monday of the service week, a late fee of \$25.00 is automatically applied to your account and you may be required to pay an advanced payment in the amount equal to one week of tuition. Accounts in arrears may result in immediate termination of service; however, upon payment, enrollment may be reinstated. Accounts in arrears may be referred to a licensed collection agency. In the event an account is sent to collections, you will be responsible for the balance of your account and any reasonable collection and attorney fees associated with the collection of the account. If your childcare is subsidized, you will be responsible for any payment not made by your subsidized agency.

Signature of parent/guardian _____ Date _____
Signature of parent/guardian _____ Date _____