



Day Care Center

120 Saybrook Road
Higganum, CT 06441
(860) 345-4347
FAX (860) 345-4138

APPLICATION DATE _____

NAME OF CHILD _____ **DATE OF BIRTH** _____

HOME ADDRESS _____

HOME PHONE NUMBER _____

MOTHER'S NAME _____ **OCCUPATION** _____

ADDRESS (IF DIFFERENT) _____

EMPLOYER'S NAME AND ADDRESS _____

_____ **PHONE** _____

CELL PHONE NUMBER _____

FATHER'S NAME _____ **OCCUPATION** _____

ADDRESS (IF DIFFERENT) _____

EMPLOYER'S NAME AND ADDRESS _____

_____ **PHONE** _____

CELL PHONE NUMBER _____

DOCTOR'S NAME _____ **PHONE** _____

DENTIST'S NAME _____ **PHONE** _____

HOSPITAL PREFERENCE _____

**MY CHILD HAS HAD THE FOLLOWING SERIOUS ILLNESS AND/OR INJURIES
AND/OR HOSPITALIZATIONS** _____

FOOD OR DRUG ALLERGIES _____

DOES YOUR CHILD TAKE ANY MEDICATION ON A REGULAR BASIS? _____

EXPLAIN _____

WILL YOUR CHILD TAKE THIS MEDICATION AT DAY CARE? _____

DID YOU PROVIDE A MEDICATION AUTHORIZATION FORM? _____

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING PROBLEMS AND IS HE/SHE UNDER A DOCTOR'S CARE?

SPEECH _____

VISION _____

HEARING _____

BEHAVIOR _____

HEALTH _____

DOES YOUR CHILD HAVE ANY SPECIFIC FEARS? _____

HOW DO YOU DISCUSS THESE FEARS WITH YOUR CHILD? _____

WHAT IS YOUR CHILD'S USUAL REACTION TO A NEW OR DIFFERENT SITUATION? _____

HOW DO YOU FEEL YOUR CHILD WILL ADJUST TO A NEW DAY CARE? _____

WHAT ARE YOUR CHILD'S FAVORITE ACTIVITIES AT HOME? _____

HOW DO YOU DISCIPLINE YOUR CHILD? _____

WHAT ARE YOUR CONCERNS ABOUT DISCIPLINE? _____

IS IT DIFFICULT FOR YOU TO DISCIPLINE YOUR CHILD? _____

DESCRIBE ANY SPECIAL CONCERNS THAT YOU HAVE ABOUT YOUR CHILD _____

WHAT ARE YOU MOST INTERESTED IN SEEING OUR CENTER DEVELOP IN YOUR CHILD? _____

DESCRIBE YOUR CHILD'S TYPICAL SCHEDULE _____

BROTHER'S AND SISTERS _____

OTHER FAMILY MEMBERS AT HOME _____

PETS AT HOME _____

LANGUAGE SPOKEN AT HOME _____

CHILD'S FAVORITE TOY? _____

DOES YOUR CHILD LIKE TO PLAY ALONE? _____

DOES YOUR CHILD LIKE TO PLAY WITH OTHER CHILDREN? _____

WHAT TIME DOES YOUR CHILD GO TO BED AT NIGHT? _____

WHAT TIME DOES YOUR CHILD GET UP IN THE MORNING? _____

DOES YOUR CHILD NAP? _____ HOW LONG _____

IS YOUR CHILD A GOOD EATER? _____ FAVORITE FOODS _____

DOES YOUR CHILD HAVE ANY SPECIFIC ATTACHMENTS, (I.E. BLANKET, THUMB, ETC.) _____

CHILDREN WILL ONLY BE RELEASED TO PARENTS OR TO A PERSON DESIGNATED BY THE PARENTS. PLEASE LIST INDIVIDUALS THAT MAY PICK UP YOUR CHILD INCLUDING PARENTS.

NAME	DRIVER'S LICENSE NUMBER
_____	_____
_____	_____
_____	_____
_____	_____

OTHER THAN PARENTS WHO IS TO BE CONTACTED IN CASE OF EMERGENCY

NAME	PHONE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____