



CHILD APPLICATION

TODAY'S DATE: _____

CHILD INFORMATION:

FIRST NAME	MIDDLE NAME	LAST NAME	SEX	AGE
OTHER NAMES USED (NICKNAMES)			DATE OF BIRTH	

BEGINNING DATE NEEDED: _____

DATE AND TIMES CARE IS NEEDED: (circle all that apply)

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

TIMES: _____

TIME YOU PLAN TO PICK UP YOUR CHILD: _____

TIME YOU PLAN TO DROP OFF YOUR CHILD: _____

PARENT INFORMATION:

MOTHER/GUARDIAN'S FIRST NAME	MIDDLE	LAST NAME		
STREET ADDRESS		CITY	STATE	ZIP CODE
HOME NUMBER	CELL NUMBER		EMAIL ADDRESS	
MOTHER/GUARDIAN'S PLACE OF EMPLOYMENT				WORK NUMBER
<i>If different from above:</i>				
FATHER/GUARDIAN'S FIRST NAME	MIDDLE	LAST NAME		

STREET ADDRESS		CITY	STATE	ZIP CODE
HOME NUMBER	CELL NUMBER		EMAIL ADDRESS	
FATHER/GUARDIAN'S PLACE OF EMPLOYMENT			WORK NUMBER	

EMERGENCY CONTACT:

In case of emergency, if the parent(s) or guardian(s) cannot be reached, list person(s) to notify, in order of preference:

EMERGENCY CONTACT'S FULL NAME	CONTACT NUMBER	RELATIONSHIP

If the parent(s) or guardian(s) cannot pick up the child, list person(s) authorized, in order of preference:

CONTACT'S FULL NAME	CONTACT NUMBER	RELATIONSHIP

CHILD'S HEALTH INFORMATION:

PHYSICIAN OR DOCTOR'S NAME		PHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE

Attach a copy of the immunization record or follow the Oklahoma State Department of Health exemption procedures. Keep your child's immunizations current. Give updated immunization record copies to the child care facility.

A child two months of age or older cannot be admitted to a child care facility unless the parent presents certification from a licensed physician or authorized representative of any state or local Department of Health that such child has received or will receive immunizations at the medically appropriate time.

Does your child have any individual special needs involving routine care, behavior and guidance, communication, or positioning? If yes, please describe: _____

Is your child allergic to any foods, medications, etc.? If yes, please describe: _____

Describe any special precautions for diet, medication, or activity, if appropriate: _____

I give permission to the child care staff to consult with health and child development professionals regarding my child's needs. **YES** **NO**

TRANSPORTATION:

I give permission for my child to be transported:

- I give permission for my child to be transported to and from school **YES** **NO**
- I give permission for my child to be transported to field trips **YES** **NO**
- I give permission for my child to be transported to nearest medical facility, if a medical emergency occurs and I cannot be reached **YES** **NO**

ABOUT YOUR CHILD:

Has your child ever been in a child care center before? **YES** **NO** What type? _____

How did you hear about Ships Ahoy Child Care? _____

Has your child been exposed to any recent traumatic situations such as death in the family, divorce, new sibling, moving, etc. Please describe: _____

What is your normal method of discipline at home? _____

Describe your child's temperament: _____

Are there any food restrictions? _____

What are your child's favorite foods? _____

What food does your child dislike? _____

Can your child be relied upon to indicate bathroom wishes? **YES** **NO**

What words does your child use for: Bowel movements _____ urination _____

Does your child sleep through the night? **YES** **NO**

What time does your child awaken? _____

What time does your child go to sleep at night? _____

What language(s) are spoken at home? _____

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

Any specific concerns? _____

SCHOOL INFORMATION:

What school does your child attend? _____

What grade is your child in? _____

If your child only goes to school half a day, is it **AM classes** or **PM classes** (circle one)

What type of transportation will your child need? (Circle all that apply) **BEFORE SCHOOL**

AFTER SCHOOL

SIGNATURE OF PARENT/GUARDIAN

DATE