

Park Lake Presbyterian Child Care Center
Application for Enrollment

Student Information: Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Days of Attendance	Normal Hours in Care	Meals Normally Received While in Care
Mon – Fri	a.m. a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/>

Family Information:

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Custody: Mother _____ Father _____

Both _____ Other _____

Medical Information:

I hereby grant permission for the staff of Park Lake Presbyterian Child Care Center, to call 911, should my child require emergency treatment.

Doctor: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs: _____

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the center in the case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Home #	Cell #
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Name	Address	Home #	Cell #
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Signature of Person Enrolling Child

Date

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1. Please describe the person(s) or program(s) that have provided care for your child until now: _____

2. Does your child have any developmental delays or special needs, allergies, or problems we should know about in planning for him/her? _____ Please describe:

3. Describe your child's favorite activities, foods and recreational past-times:

4. Would you say that your child is exceptionally withdrawn, overactive, or hard to manage? Aggressive or hostile to other children or adults? If so, please describe the problem and how you handle the situation. This information will be very helpful to us in planning for your child. _____

5. Does your child have any behavioral traits or needs that you feel we should know about in attempting to personalize our approach to your child's care?

6. Please write a short paragraph describing your child's personality.

7. What are your goals and expectations for your child at Park Lake Presbyterian Child Care Center? _____
8. Does your child nap regularly? _____ Occasionally? _____ Do you try and make him/her? _____ Do you let him/her decide? _____
9. How did you learn about our center? _____
10. Please let us know if you would like to volunteer your time and/or talents with Park Lake. For example, helping with painting, odd jobs, serving on the Child Care Committee as a parent representative, or being a part of the Parent Staff Appreciation Group.

