



APPLICATION

Child Information

Full Name: _____ Nickname: _____

Date of Birth: _____ Gender: _____ Age: _____

Existing Medical Conditions

Allergies: _____

Photo release: _____

Guardian Information

Name: _____

Phone number: _____ Email: _____

Relationship to Child: _____

Address: _____

Which Guardian should be called first? _____

Emergency Contact Information

Name: _____ Phone: _____

Email: _____ Relationship to child: _____

Authorized pick-up list:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Pediatrician Information

Doctor Name: _____ Phone Number: _____

Address: _____

Insurance company

Insurance Policy #: _____

Preferred Hospital: _____

Additional Comments: _____

Signature: _____



Child's Name: _____

Dear Parents,

Please fill out this questionnaire to help us provide your child with a smooth transition and a successful childcare experience. Thank you!

PHYSICAL DEVELOPMENT

Does your child: ___ sit with support ___ sit unassisted ___ crawl forward/backward
___ stand ___ walk with assistance ___ walk unassisted ___ run
___ go up steps ___ go down steps

SLEEPING HABITS:

My child usually naps ___ times/day from: ___ to ___ from: ___ to ___ from: ___ to ___

My child sleeps at night from ___ p.m. to ___ a.m.

Does your child have any sleep disturbances?

Does your child sleep with any special object?

Does your child sleep in her/his crib at night? Yes ___ No* ___

* If No, please explain. _____

EATING HABITS

___ breast-fed (how long?) _____ ___ bottle-fed (how long?) _____

weaned (date) _____ Type of formula now in use: _____

___ eats table food ___ can feed self

___ drinks from a bottle ___ holds own bottle

___ drinks from a cup ___ uses a pacifier ___

TOILETING

Child wears: diapers ___ all day ___ sleeping only underpants ___ all day Training process: bowel control (date) _____ bladder control (date) _____

Does your child ask to go to the bathroom? _____

What phrases/words do you use for urinating? _____

What phrases/words do you use for bowel movements? _____

If toilet training is in process, please describe routines/methods you use:

PLAY & SOCIAL INTERACTION

Has your child ever attended or been enrolled in?

___ a childcare center at what age? ___ a family day care home at what age? ___
___ a babysitter's home at what age? ___ your home with a babysitter at what age? ___
___ a parent/child play group at what age? ___ other settings: _____

How does your child adjust to new situations and activities? _____

Who is your child's current caretaker during the day? _____

How often does your child need to be held during the day? _____

How long can your child amuse him/herself? _____

How does your child communicate? (crying, pointing, phrases, sentences): _____

Can others understand your child's method of communication? _____

Is your child afraid of: ___ strangers ___ new situations ___ animals

List any other fears: _____

Your child's favorite toys and activities: _____

How does your child react to sharing his/her toys? _____

How does your child express anger? _____

How do you and your family spend time together? _____

SPECIAL MEDICAL CONSIDERATIONS

Please list any: _____

Does your child have any distinguishing birthmarks? _____

PARENTS' EXPECTATIONS

What are your goals and expectations for your child at Brookside's Daycare Center? _____

Do you have any special concerns or questions to which you would like to draw our attention? _____

How would you like to participate in our program?

___ share a special skill/interest: _____

___ assist with classroom activities: _____

___ join us for special events: _____

___ other: _____

Signature of Parent or legal guardian: _____

Date: _____



TUITION CONTRACT

ENROLLMENT STATUS	PART TIME		FULL TIME	
	Daily	Weekly	Daily	Weekly
Newborn – 24 months	\$28	\$137	\$31	\$150
25 months – 48 months	\$26	\$127	\$28	\$130
Preschool (4 – 5 years)	\$20	\$97	\$25	\$110

PART TIME = 5 HOURS OR LESS, FULL TIME = MORE THAN 5 HOURS

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

Days Covered: Monday Tuesday Wednesday Thursday Friday

(Please circle what days your child will attend.)

Arrival Time: _____

Departure Time: _____

Weekly Contracted Hours: _____

(CANNOT EXCEED 50 HOURS PER WEEK)

TUITION AMOUNT DUE WEEKLY:

\$ _____

I agree to the terms set forth and will notify the director/administrator of any changes whenever possible.

Parent Signature: _____ *Printed Name:* _____

Parent Signature: _____ *Printed Name:* _____

Director Signature: _____ *Printed Name:* _____

Date of Admission: _____

Contract Start Date: _____

Families who do not pay their invoice on time will have to pay the increased rate for that week.



DAILY SCHEDULE

6:00-8:00AM	Free Play
8:00-8:30AM	Potty Break, Breakfast
8:30-9:00AM	Free Play, Clean Up
9:00-9:15AM	Morning Meeting
9:15-10:00AM	Guided Play, Learning Centers
10:00-10:15AM	Morning Snack
10:15-11:30AM	Potty Break, Play in Gym
11:30-12:00PM	Fine Motor Skills, Lunch Prep
12:00-12:30PM	Lunch
12:30-1:00PM	Potty Break, nap mats out, Read.
1:00-3:00PM	Quiet Time/Nap/Books
3:00-4:15PM	Free Play
4:15-4:30PM	Afternoon Snack
4:30-6:00PM	Free Play