

Training His Tots Christian Day Care



APPLICATION FOR ADMISSION

Child's Name _____ Date of Birth _____

Address _____ Phone _____

City _____ State _____ Zip _____ Sex _____ Male _____ Female

Mother's Name _____ S.S.No. _____

Address (If different from above) _____

Employer _____ Phone _____

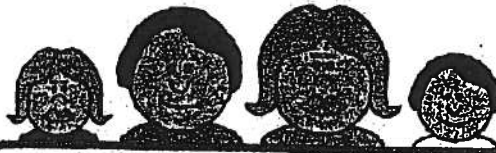
Cell Phone _____ Order in which to call: _____ first _____ second _____ last

Father's Name _____ S.S.No. _____

Address (If different from above) _____

Employer _____ Phone _____

Cell Phone _____ Order in which to call: _____ first _____ second _____ last



PEOPLE TO CONTACT IN THE
EVENT OF AN EMERGENCY IF
PARENTS CANNOT BE CONTACTED

Name _____

Address _____

City, State, Zip _____

Phone No. _____

Name _____

Address _____

City, State, Zip _____

Phone No. _____

Physician or Clinic _____

Address _____

City, State, Zip _____

Phone No. _____

Dentist or Clinic _____

Address _____

City, State, Zip _____

Phone No. _____

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HEALTH RECORD

1. List all allergies and any special precautions and treatment indicated for these allergies: (i.e. foods, medications or environmental allergies)

2. List any medications being administered to your child on a daily basis.

3. List any physical problems and any history of hospitalization.

4. List any diseases the child has had.

IMMUNIZATION RECORD

(Enter month/day/year of each immunization.)

DTP 1 _____ 2 _____ 3 _____ 4 _____ *5 _____
POLIO 1 _____ 2 _____ 3 _____ *4 _____
MMR 1 _____

*The 5th DTP and 4th Polio are normally administered just prior to kindergarten.

We must have a copy of your child's immunization record on

Training His Tots Christian Day Care



If applicable, please list the names and ages of your child's brothers and sisters below:

IMPORTANT: Only one of the two boxes below needs to be completed.
DO NOT complete both!

PERMISSION TO TRANSPORT CHILD

I give Training His Tots Day Care permission to transport my child _____
_____ to _____ (Hospital/Clinic) for emergency
medical care, or to _____ (Dentist/Clinic) for emergency
dental care, or the nearest source of assistance.

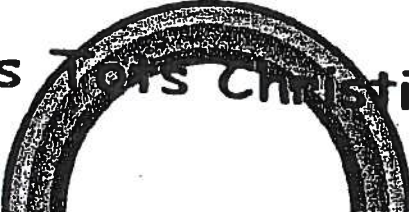
Parent's signature _____ Date _____

REFUSAL TO GRANT PERMISSION

I DO NOT give Training His Tots Day Care to transport my child _____
_____ for emergency medical or dental care. In the event of an illness
or injury which requires emergency medical or dental treatment, I wish you to take
the following actions: _____

Parent's Signature _____ Date _____

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Names of Person(s) Authorized to Take Your Child From the Center

NAME	ADDRESS	PHONE

PLEASE ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE

1. When would you like for your child to start in our center? _____
2. How did you find out about Training His Tots? _____
3. Why do you want your child to attend Training His Tots? _____
4. What activities or objects seem to hold your child's interests for the longest periods of time? _____
5. What are some positive points of your child? _____
6. What sort of discipline do you employ at home? _____
7. Has your child had any experience with other children other than siblings?
 ___yes ___no If no, skip to question number 10.
8. Has your child ever attended a day care or babysitter? ___yes ___no If yes, where? _____
9. For what reason is your child leaving the other center or babysitter? _____
10. Who takes care of your child most of the time? _____
11. Do you attend church, if so where? _____