

Family and Consumer Sciences Department
Eagle Ridge Child Development Center

Application Form-

****Please circle which session you are requesting**:**

Monday/Wednesday- 3 years of age by September 1, 2017

or

Tuesday/Thursday- 4 years of age by September 1, 2017

CHILD'S NAME: _____
(FIRST) (MIDDLE) (LAST)

NAME CHILD IS CALLED _____ BIRTHDATE ____/____/____ AGE ____ SEX ____

ADDRESS _____

CITY _____ ZIP CODE _____ HOME PHONE _____

MOTHER'S NAME: _____ **DAYTIME PHONE:** _____

CELL PHONE: _____ **EMAIL:** _____

FATHER'S NAME: _____ **DAYTIME PHONE:** _____

CELL PHONE: _____ **EMAIL:** _____

IS YOUR CHILD ADOPTED? _____ **HAVE THEY BEEN INFORMED?** _____

OTHER PERSONS LIVING IN THE HOME: AGE, SEX, and RELATIONSHIP:

HAS YOUR CHILD EVER BEEN SEPARATED FOR ANY LENGTH OF TIME FROM THE PARENTS (SUCH AS VACATIONS, ILLNESS, ETC.)?

HOW DID HE OR SHE ADJUST? _____

WHAT IS YOUR CHILD'S USUAL BEDTIME? _____ **WAKING TIME?** _____

DOES YOUR CHILD TAKE A MORNING OR AFTERNOON NAP REGULARLY? _____

HOW LONG? _____

IS YOUR CHILD USUALLY HUNGRY AT MEALTIMES? _____

IS THERE ANYTHING UNUSUAL ABOUT YOUR CHILD'S EATING HABITS THAT YOU BELIEVE WE SHOULD KNOW?

IS YOUR CHILD TOILET TRAINED? _____ IS HE/SHE DEPENDABLE? _____

HOW DO THEY STATE THEIR NEED? _____

IS SPEECH CLEAR TO THOSE OUTSIDE THE FAMILY? _____

DOES YOUR CHILD HAVE ANY PARTICULAR FEARS? _____

DOES YOUR CHILD PLAY ALONE? ALWAYS _____ OFTEN _____ SELDOM _____

DOES YOUR CHILD LIKE TO PLAY WITH OTHERS? _____

ARE THE PLAYMATES:

GIRLS _____ BOYS _____ YOUNGER _____ OLDER _____

DOES YOUR CHILD HAVE AN IMAGINARY PLAYMATE? _____

WHAT PLAY MATERIALS DOES HE/SHE USE MOST INDOORS? _____

IS YOUR CHILD CURRENTLY ATTENDING ANOTHER PRESCHOOL? _____

IF SO, WHERE AND WHAT DAYS? _____

WHEN YOU FIND IT NECESSARY TO DISCIPLINE YOUR CHILD, WHAT DO YOU USUALLY DO?

TRANSPORTATION TO AND FROM THE CENTER:

TO: (WITH WHOM) _____

FROM: (WITH WHOM) _____

(SIGNATURE OF PARENT)

(DATE)