



1133 Rock Springs Road
 Smyrna, TN. 37167
 615-223-7413

**SCHOOL-AGE
 CHILD'S APPLICATION**

Email _____

(All information is required and must be completed by the parent(s) or legal custodian(s) / if unknown use N/A or none until it can be added later and initialed)

Child's information:

Child's birth date _____ Date of admission _____
 Full name of child _____ What does the child like to be called _____

Parent's information:

Mother's name _____ Father's name _____
 Address: _____ Address: _____
 Phones: Home _____ Work _____ Phones: Home _____ Work _____
 Where employed: _____ Hours _____ Where employed: _____ Hours _____
 Mom's S.S. # _____ Dad's S.S. # _____
 Custodial Parent if divorced _____ (Provide the child care a copy of the custody order) yes _____ no _____

Persons authorized to pick up and transport the child other than parent or custodian: [Give full name and phone number of the person to release the child. They must be listed below to insure the child's safety. A phone call is not acceptable permission of the parent(s) or custodian(s)]:

Emergency Information:

1) Name of person(s) and the phone numbers, other than the child care staff, authorized to act for parent in an emergency _____

Address _____ Home phone _____ Work phone _____
 Employer _____ Work hours _____

2) Name of person(s) and the phone numbers, other than the child care staff, authorized to act for parent in an emergency _____

Address _____ Home phone _____ Work phone _____
 Employer _____ Work hours _____

Name of Physician _____ Office phone _____ Home phone _____

Medical association and address: _____ Chart # _____

Special written doctor's instructions for care or medical treatment given the child care: _____

To whom any medical training and/or instructions and permission given: _____

Any food, environmental and/or medical allergies: _____

Other children and members of the family:	Birthdate	School / Work
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Eating Habits:

At what time does the child eat breakfast? _____ Dinner/lunch? _____ Dinner/supper? _____

Between meal snack? _____ Does he feed himself? _____ What is the child's general attitude toward eating? _____
Does the child refuse to eat? _____ How is this handled and by whom? _____
The child's favorite foods: _____

DEVELOPMENTAL HEALTH HISTORY

(School Age)

PHYSICAL HEALTH

What health problems has your child had in the past? _____

What health problems does your child have now? _____

Other Than What You Listed Above:

Does your child have any allergies? If so, to what? _____

How severe? _____

Does your child take any medication regularly? If so, what and when? _____

Has your child ever been hospitalized? If so, when and why? _____

Does your child have any recurring chronic illness or health problems such as:

_____ asthma _____ cerebral palsy _____ developmental delay _____ seizure disorder
_____ diabetes _____ frequent earaches _____ hemophilia _____ other

If medically diagnosed, what is the name of the doctor who diagnosed the illness or health problem. _____

Do you have any other concerns about your child's health? _____

DEVELOPMENTAL (compared to children this age)

Does your child have any problems with speech? Please explain. _____

Does your child have any problems with walking, running, using her or his hands or moving? Please explain. _____

Does your child have any problems seeing? Please explain. _____

Does your child have any problems hearing? Please explain. _____

DAILY LIVING

What is your child's typical eating pattern? Foods does your child likes and dislikes _____

Is your child on any special diet? Please describe. _____

How well does your child use table utensils (cups, fork, knife, spoon)? _____

SOCIAL RELATIONSHIPS / PLAY

What grade is your child in school? _____

Is your child having any difficulties in school? Please explain. _____

Does your child receive any special education services at school? Please explain. _____

Does your child have trouble making friends? _____

How does your child get along with peers/friends? _____

Is your child involved in any sports/hobbies? Please describe. _____

What does your child do when he is stressed, angry, or frustrated? _____

What is the best way to discipline your child, EXCLUDING physical punishment? _____

