



## Smart Play Day School Application

Full name of Child \_\_\_\_\_ Date of Admission \_\_\_\_\_

Child's Birth date \_\_\_\_\_ Name the child goes by: \_\_\_\_\_

Is the child related to the primary caregiver? \_\_\_ No \_\_\_ Yes

Child's school (if applicable): \_\_\_\_\_

Are the child's immunization record's housed at the above school? \_\_\_ No \_\_\_ Yes

If no, list the school where they are housed \_\_\_\_\_

Interests \_\_\_\_\_

Child lives with \_\_\_\_\_ Cell # \_\_\_\_\_

Allergies or other medical issues \_\_\_\_\_

Email address \_\_\_\_\_

### **Parent Information**

*Mother's name* \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employed \_\_\_\_\_ Work Phone \_\_\_\_\_

**\*Cell Phone** \_\_\_\_\_

*Father's name* \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employed \_\_\_\_\_ Work Phone \_\_\_\_\_

**\*Cell phone** \_\_\_\_\_

### **Emergency Contact Information**

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

1. Name of person, other than the childcare provider, authorized to act for parent in an emergency.

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

2. Name of person, other than the childcare provider, authorized to act for parent in an emergency.

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Transportation**

To insure the safety of your child, please list other adults to whom your child may be released.

\_\_\_\_\_  
\_\_\_\_\_

**Other children in family**

Name	Birth date	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Experiences with others**

Please give a brief description of your child and family in the following circumstances.

Play at home \_\_\_\_\_

Play with others \_\_\_\_\_

Family Time \_\_\_\_\_

Not getting what he/she wants \_\_\_\_\_

Discipline and reaction \_\_\_\_\_

\_\_\_\_\_

**Eating Habits**

At what time does he/she eat breakfast? \_\_\_\_\_ lunch? \_\_\_\_\_ supper? \_\_\_\_\_

Does he/she make healthy choices? \_\_\_\_\_ Explain \_\_\_\_\_

Favorite foods \_\_\_\_\_

Disliked foods \_\_\_\_\_

What is his/her general attitude toward eating? \_\_\_\_\_

How is refusal to eat handled at home? \_\_\_\_\_

Other Comments \_\_\_\_\_

**Sleep Habits**

Child's sleeping arrangements \_\_\_\_\_

Usually sleeps from \_\_\_\_\_ to \_\_\_\_\_ at night. Usually naps from \_\_\_\_\_ to \_\_\_\_\_

Attitude toward going to bed \_\_\_\_\_

How is difficulty sleeping handled at home \_\_\_\_\_

Habits associated with going to bed \_\_\_\_\_

Does child need a diaper or pull up at bedtime or naptime? \_\_\_\_\_

Other Comments \_\_\_\_\_

**Bathroom Habits**

Does your child have a regular bathroom schedule? \_\_\_\_\_

Does he/she take themselves? \_\_\_\_\_ Ask for help? \_\_\_\_\_

Can he/she manage clothing? \_\_\_\_\_ What word does he/she use for urinating? \_\_\_\_\_ BM? \_\_\_\_\_

**Speech and Physical Growth**

Does your child speak well? \_\_\_\_\_ Fairly well? \_\_\_\_\_ Not very well? \_\_\_\_\_

Does anyone read to him/her? \_\_\_\_\_ How often? \_\_\_\_\_

Favorite books \_\_\_\_\_

Please describe your child's personality \_\_\_\_\_

Please describe your child's physical strengths and weaknesses \_\_\_\_\_

**Ongoing Medical Care:**

Does the child have any medical diagnosis that requires ongoing care? \_\_\_\_\_

If yes, explain what type of care is administered and by whom? \_\_\_\_\_

Are you requesting this care be provided by the facility \_\_\_\_ Yes \_\_\_\_ No . If yes, describe the care required.

**Parent Declarations**

- ( ) I visited Smart Play prior to enrolling my child. Pre-enrollment visit date: \_\_\_\_\_
- ( ) I will provide \_\_\_\_\_ sunscreen and give permission to apply it.
- ( ) I have received a summary of licensing requirements.
- ( ) I do hereby authorize emergency medical care.
- ( ) I have received a copy of the parent handbook.
- ( ) I give permission for Smart Play Day School to use photos of my child.

\_\_\_\_\_  
**Parent Name**

\_\_\_\_\_  
**Parent Signature**

Weekly Fee \_\_\_\_\_ Date child is enrolled \_\_\_\_\_

Date of withdrawal \_\_\_\_\_ Reason for withdrawal \_\_\_\_\_

## Child's Health History Checklist

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Parent or Guardian's Name

The answer to these questions will help us to know if your child has any medical problems. We need this information in case he / she should become ill and we would be unable to reach you right away. Please circle the right answer.

### Pregnancy and Birth

Yes No 1) Were there any problems with pregnancy or your child's birth?

Yes No 2) Was his/her birth weight under 5 . pounds?

Yes No 3) Did the baby have any problems in the hospital?

### Medical Problems

Yes No 4) Has your child ever been in the hospital overnight?

Yes No 5) Is your child taking any medication?

Yes No 6) Any allergies or reactions to medicine, DTP or other shots, or insects?

(List any allergies below)

Yes No 7) Has your child had asthma or wheezing?

Yes No 8) Does your child have a speech or hearing problem?

Yes No 9) Has your child had more than two ear infections in a year?

Yes No 10) Has your child had tonsillitis?

Yes No 11) Does your child have trouble with his/her eyes or seeing?

Yes No 12) Has your child had a bladder or kidney infection?

Yes No 13) Does your child have burning when urinating?

Yes No 14) Does he/she have seizures, fits, or shaking spells?

Yes No 15) Have you ever been told your child has a heart murmur?

Yes No 16) Has your child ever had a bumpy, swollen reaction to the TB skin test?

Yes No 17) Has your child ever been with anyone having TB?

Yes No 18) Has your child ever had worms?

Yes No 19) Does your child scratch his/her genital area?

Yes No 20) Is your child a hemophiliac (free bleeder)?

Yes No 21) Is your child on a heart monitor?

Yes No 22) Does your child have tubes in his/her ears?

### General Development

Yes No 23) Is your child able to play as hard as other children?

Yes No 24) Is your child in a special education class in school?

Yes No 25) Does your child get along with other children?

Yes No 26) Is she/he usually happy?

Yes No 27) Does your child have any special problems not indicated above?

28) When did your child last see a doctor? Month \_\_\_\_\_ Year \_\_\_\_\_

Allergies we need to be notified about:

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**Thank you and Welcome to Smart Play Day School!**