

APPLICATION





ALL ABOUT YOUR CHILD

Child's Full Name: _____ Nickname: _____

I have _____ brother(s) and _____ sister(s). Their names and ages are _____

Has your child been in daycare before? Yes No

If yes, name of Provider: _____

Previous Provider Address & Phone Number: _____

Dates care was provided. From: _____ To: _____

Reason care was terminated: _____

EATING HABITS:

Does your child have a special diet? Yes No

Are there any foods that should not be served to your child? Yes No

If yes, please list the foods and the reason: _____

Your child's favorite foods: _____

Least favorite foods: _____

Does your child eat independently? Yes No

For infants, what brand of formula do you use? _____

Does your child require: Bottle Sippy cup High chair Booster seat

SLEEPING HABITS:

Does your child have a regular bedtime schedule? Yes No

What time does your child usually wake up in the morning? _____

What time does your child usually go to bed at night? _____

