



1505 W. Cheltenham Avenue | Elkins Park, PA 19027  
215-782-8402

**E-mail:** childcare@lamottame.org | **Web:** www.lamottame.org

**LaMott A.M.E. Church Children’s Center**

**APPLICATION FOR DAY CARE**

The purpose in securing this information about your child is to help the Day Care Staff better understand your child and to help you know what to expect from the day care center. You child's care during the day is a responsibility we share.

**Family Name:** \_\_\_\_\_

**Mother:** \_\_\_\_\_ **Father:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone #:** \_\_\_\_ - \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Children:** (for whom placement is requested)

Name	Nick Name	Birth Date
_____	_____	_____
_____	_____	_____

Other members of household (including children not under care)

Name	Nick Name	Birth Date
_____	_____	_____
_____	_____	_____

Has the child had previous day care placement? Yes | No

If Yes, Where? \_\_\_\_\_



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### **Personal History**

Type of Birth: Normal | Premature

Any complications? Yes | No

Age the child began sitting? \_\_\_\_\_ Crawling \_\_\_\_\_ Walking \_\_\_\_\_

Does the child have any difficulties in speaking? Yes | No

### **Health**

What communicable disease has the child had?

#### **Check where applicable:**

Measles (Big Chicken Pox [Red]) \_\_\_\_\_ Measles (3 day) \_\_\_\_\_

Other \_\_\_\_\_

Any physical disabilities? \_\_\_\_\_

Allergies? (Asthma, hay fever, insect bites, medicines, etc.) \_\_\_\_\_

### **Eating**

Is the child usually hungry at mealtime? Yes | No

What are the child favorite foods? \_\_\_\_\_

What foods are refused? \_\_\_\_\_

What eating problems does the child have? \_\_\_\_\_

Any food allergies? Yes | No

If yes, please list food(s) \_\_\_\_\_

Does the child eat with a Spoon? Yes | No

Fork? Yes | No



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Hands? Yes | No

### **Toilet Habits**

Can the child be relied upon to indicate child bathroom wishes? Yes | No

What word is used for urination? \_\_\_\_\_

What word is used for bowel movement? \_\_\_\_\_

Does the child need to go more frequently than usual for their age? Yes | No

Is the child frightened of the bathroom? Yes | No

Does the child need help with toileting? Yes | No

### **Sleeping**

What time does the child go to bed? \_\_\_\_\_

What is the child mood on awakening? \_\_\_\_\_

Does the child take naps? Yes | No

What time does the child usually take a nap? \_\_\_\_\_

### **Social Relationship**

Has the child had experiences in playing with other children? Yes | No

By nature the child is? (Circle)

Friendly | Aggressive | Shy | Withdrawn | Other \_\_\_\_\_

Do you feel the child will adjust easily to the day care situation? (atmosphere)

Yes | No

Does the child demand a lot of adult attention? Yes | No

What makes the child mad or upset? \_\_\_\_\_

How does the child show their feelings? \_\_\_\_\_



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What do you find is the best way of handling your child? \_\_\_\_\_

Who does most of the disciplining? \_\_\_\_\_

Is the child frightened by any of the following:

Animals? Yes | No    Rough children? Yes | No    Loud noises? Yes | No

Dark? Yes | No    Storms? Yes | No    Anything else? \_\_\_\_\_

Favorite toys and activities at home? \_\_\_\_\_

Does the child like to be read to? Yes | No

Listen to music? Yes | No

Does the child prefer to play outdoors? Yes | No

Has the child has experience with: Clay? Yes | No

Scissors? Yes | No    Finger painting? Yes | No

Blocks? Yes | No    Water play? Yes | No

**Comments**

In what particular ways can we help your child this year?

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