

Greentown Wesleyan Day Care
120 N. Maple Street
Greentown, Indiana 46936
Phone: 765/628-2111

OFFICE USE
Date Received _____
App. No. _____

APPLICATION FOR ADMISSION

1. Date _____
2. Child's Name _____
(last) (first) (middle)

Home Address _____ Zip _____

Telephone _____ Date of Birth _____ Sex _____

Place of Birth _____

Application is for: Full Day Care Monday through Friday _____
Full Day Care (specify days) _____
Half Day/with lunch (specify days) _____
Before or after school _____
Before and after school _____
School-age Summer Program (days) _____

Time child will be left at center _____ Time to be picked up _____

3. Special Information

Name or nickname applicant uses _____

Does applicant regularly attend Sunday School/Church? _____

If yes, where? _____

Has applicant ever been in a Day Care Center? _____

If yes, where and how long? _____

Has applicant been cared for by other than parents? _____

If so, by whom? _____

Does applicant need help in: Dressing _____ Washing _____

Eating _____ Toileting _____ Other _____ (give helpful
details) _____

Describe applicant's play experience:

Outdoor _____

Indoor _____

With other children _____

Favorite games _____

Favorite toys _____

Does applicant have any special fears or problems? _____

Explain _____

4. Health Record

Condition of health (parents' opinion) _____

To your knowledge, does applicant have any physical, emotional, or mental disability which may affect in any way his participation in the full Child Care Center program? _____ If yes, please explain _____

Does applicant have any known allergies? _____ If so, explain _____

Note: The required physical examination using the approved forms shall accompany this application and shall indicate applicant is free of communicable diseases, has had the required immunizations, or that such immunization and vaccination took place at the time of examination.

5. Emergency Information

Family physician _____ Office phone _____

Office Address _____

Family dentist _____ Office phone _____

If neither father or mother (or guardian) can be reached, call:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

6. Family Record

Parents' Marital Status:

Married and living together _____

Separated _____

Divorced _____

Spouse deceased _____

Father' s Name _____ Mother's Name _____

Address _____ Address _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Business Phone _____ Business Phone _____

Attend church regularly? _____ Attend church regularly? _____

Church name _____ Church name _____

Children living with family (give name and age)

7. Other Information

Name of person(s) who may pick up your child(give name and relationship)

AGREEMENT

In consideration of THE GREENTOWN WESLEYAN DAY CARE and upon acceptance of our child _____ into the program, we agree to the following:

- A. To fully accept the fees and hereby agree to make our payments on or before the times due.
- B. After carefully reading the Parents' Handbook, to fully accept the policies of THE GREENTOWN WESLEYAN DAY CARE.
- C. To hereby give permission for our child to take part in all activities at the center including supervised play, and all sponsored field trips and educational or play excursions away from the premises by automobile, van, bus, or by walking.
- D. To realize that our child could be subjected to communicable disease, even though every possible precaution will be taken.
- E. If for some reason our child becomes a disciplinary problem to the staff and all means have been used to correct the situation, to agree at request of program director and/or administrator to withdraw the child from center.

Signed _____ (father) _____ (date)

Signed _____ (mother) _____ (date)

Signed _____ (Director) _____ (date)

Application Received By _____ Date _____
 Registration Fee Received _____ Amount _____
 Health Form Received _____ Date _____
 Program in which applicant is enrolled _____

Greentown Wesleyan Day Care

Family Information Form

The following information will be useful in planning your child's program and helping the teacher to know your child a little better. Confidential information is available only to the director.

Parents' Church affiliation _____

People in home: Father___ Mother___ Older Children___ Younger Children ___

Family members outside the home your child might mention_____

What are your child's interests?_____

Names of pets _____ Playmates _____

What travel experience has your child had? _____

Which hand does your child use to cut? _____

Is your child definitely right handed? _____ Left handed? _____

Has your child been left with sitters often? _____

How does your child react to being left? _____

Which of these behavior traits have you observed in your child? Shy_____

Friendly_____ Cooperative_____ Rebellious_____ Dominating_____

Curious_____ Generous_____ Willing to conform to requests_____

Does your child have any special abilities? Musical_____ Artistic_____

Does your child make believe? _____

What are your child's favorite foods? _____

What activities does your child dislike? _____

Which of these does your child have, or is prone to: Nail biting___ Finger

Sucking___ Temper tantrums___ Persistent crying ___What are any unusual

habits _____

Are there any particular situations that make your child tense or anxious?

Has your child been in any other day care school or program?_____

What do you expect your child to gain from our program? _____

Does your child have any physical handicap that we should be aware of?_____

If so, please elaborate _____

Does your child have any coordination problems? _____

Any problems with:	YES	NO	Please elaborate
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Language development	_____	_____	_____
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Behavior problems	_____	_____	_____
-------------------	-------	-------	-------

Hyperactivity	_____	_____	_____
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Seizures	_____	_____	_____
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Is your child potty trained? _____

Does your child have medication on a regular basis? _____

Any other important information _____

Thank you for your cooperation. We will do everything possible to make our Day Care a happy place for your child.

EMERGENCY INFORMATION

I, _____ give my permission to the doctors
at _____ or my family doctor,
(Name of nearest Emergency Room)
_____, in _____, to give treatment
to my child, _____ in the event I cannot be reached
in case of an emergency.

My address is _____ Phone _____

Child's Religion _____ Child's Age _____ Date of Birth _____

Known allergies are _____

Responsible Party _____ Relationship _____

Employer's address _____

Insured party's S.S. # _____

Hospital Insurance Information _____

Nearest relative at different address _____

Address _____ Phone _____

Family Physician's Name _____

Address _____ Phone _____

Dentist Name _____

Address _____ Phone Number _____

Signature of Responsible Party

**PLEASE INCLUDE A COPY
OF THE BIRTH
CERTIFICATE. WE CAN
MAKE A COPY OF YOUR
ORIGINAL IF THAT WOULD
BE HELPFUL.**

PARENTS' NOTICE

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the day care ministry.

Signature of Parent or Guardian

Name of Child(ren) Enrolled

This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or an employee of the day care ministry.



HEALTH CARE PROGRAM FOR CHILD CARE CENTERS CHILD CARE CENTER HEALTH RECORD

State Form 49969 (R2 / 11-06) / BCC 0019

**BUREAU OF CHILD CARE
DIVISION OF FAMILY RESOURCES**

Name of child (<i>last, first</i>)	Date of birth (<i>month, day, year</i>)	Date of admission (<i>month, day, year</i>)
Address (<i>number and street, city, state, and ZIP code</i>)		
Child lives with (<i>relationship</i>)	Name	Telephone number ()

MEDICAL HISTORY			
Communicable Disease	Month / Year	Condition	Explain if present
Measles		Allergies:	-----
Rubella (German Measles)			-----
Chickenpox		Handicapping conditions:	-----
Mumps			-----
Scarlet Fever		Other:	-----
Whooping Cough			-----
Other: _____			-----

PHYSICAL EXAMINATION	
Date of exam (<i>month, day, year</i>)	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:

Note any unusual findings:

Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (*including sports*)? Yes No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:

Yes No
