



## Childcare Application

*The purpose of this application is to collect information about your child so that we may better serve them while they are in care at Sunflower. All information is confidential and will only be seen by the staff. Please omit any questions that are irrelevant to your child's age (pages 2-3). Please print clearly.*

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Hours/Days: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Hours/Days: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Has your child had previous daycare experience? \_\_\_\_\_ If so, where? \_\_\_\_\_

When was your child previously in care (by child's age)? \_\_\_\_\_

**Personal Characteristics:**

*Eating:*

How often does your child eat? \_\_\_\_\_ Usually hungry at lunch? \_\_\_\_\_  
Refused foods? \_\_\_\_\_ Eating problems? \_\_\_\_\_  
Food allergies, sensitivities, or restrictions? \_\_\_\_\_

*Toileting:*

Uses bathroom independently? \_\_\_\_\_ Wears diapers? Yes \_\_\_\_\_ No \_\_\_\_\_  
Somewhere in between? Please describe: \_\_\_\_\_  
Words associated with urination? \_\_\_\_\_ B.M.? \_\_\_\_\_  
Any bathroom fears? \_\_\_\_\_

*Sleep (for children who nap at Sunflower):*

Usual nap times: \_\_\_\_\_ Length: \_\_\_\_\_  
Most comfortable napping position: \_\_\_\_\_  
Does your child take something to bed (e.g. stuffed animal)? \_\_\_\_\_  
Fall asleep by self? Yes \_\_\_\_\_ No \_\_\_\_\_ Cry out in sleep? Yes \_\_\_\_\_ No \_\_\_\_\_  
Needs help to fall asleep? Yes \_\_\_\_\_ No \_\_\_\_\_ What kind of help? \_\_\_\_\_  
Usual mood upon waking? \_\_\_\_\_

*Special Needs:*

Does your child have, or have you ever wondered, if your child might have a disability? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_  
Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_  
Does your child have tubes in their ears? Yes \_\_\_\_\_ No \_\_\_\_\_  
Does your child wear sunscreen in the summer? Yes \_\_\_\_\_ No \_\_\_\_\_

*Illnesses:*

What types of illnesses does your child tend to get? Ear infections \_\_\_\_\_ Croup \_\_\_\_\_ Colds \_\_\_\_\_  
Bronchitis \_\_\_\_\_ Strep throat \_\_\_\_\_ Flu \_\_\_\_\_ Other: \_\_\_\_\_  
Reaction to fever: \_\_\_\_\_  
Any medications given regularly? \_\_\_\_\_  
Special emergency instructions: \_\_\_\_\_

**Social & Emotional Characteristics:**

Is your child experienced in playing with other children? Yes \_\_\_\_\_ No \_\_\_\_\_

Two-somes? Yes \_\_\_\_\_ No \_\_\_\_\_ Small groups? Yes \_\_\_\_\_ No \_\_\_\_\_

With what aged children does he/she prefer to play? \_\_\_\_\_

Does your child know other children who attend Sunflower? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, who? \_\_\_\_\_

How does your child get along with other adults? \_\_\_\_\_

With strangers, is your child...? friendly \_\_\_\_\_ aggressive \_\_\_\_\_ shy \_\_\_\_\_ withdrawn \_\_\_\_\_

With friends, is your child...? rough \_\_\_\_\_ aggressive \_\_\_\_\_ loving \_\_\_\_\_ over excitable \_\_\_\_\_

Does your child sometimes need solitude? Yes \_\_\_\_\_ No \_\_\_\_\_

What angers or upsets your child? \_\_\_\_\_

Usual way of expressing emotions? \_\_\_\_\_

Fears? Animals \_\_\_\_\_ Strangers \_\_\_\_\_ Men \_\_\_\_\_ Women \_\_\_\_\_ Rough children \_\_\_\_\_ Loud noises \_\_\_\_\_

Storms \_\_\_\_\_ Other: \_\_\_\_\_

Favorite toys/activities at home: \_\_\_\_\_

Dislikes: \_\_\_\_\_

Siblings, pets, relatives your child likes to talk about? \_\_\_\_\_

Does your child have a regular fussy time? \_\_\_\_\_

How is it best handled? \_\_\_\_\_

Is your child in the process of adjusting to other changes in addition to starting at Sunflower? \_\_\_\_\_

What techniques work best for helping your child through difficulties? \_\_\_\_\_

In what particular ways can we help your child? \_\_\_\_\_

What else would you like us to know to help make your child's experience a success at Sunflower? \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Child Pick-Up Authorization

I, \_\_\_\_\_, authorize Sunflower Child Care Center to release my child(ren) to the person(s) designated below. This is in agreement with the Sunflower Child Care Center Emergency Operations Plan.

**Student's Name(s):**

**Designated Custodian(s) Names, Relationship, Phone #:**

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**Your Signature**

**Relationship to Child**

**Date**

**Printed Name:** \_\_\_\_\_

**Address, City, State, Zip:** \_\_\_\_\_

\_\_\_\_\_

**Cellphone:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_

*Note: Parents and guardians should designate themselves as designated custodians. Friends, neighbors, and other relatives may also be designated (with their permission!). Please PRINT clearly!*



## Medical Authorization Form

Date: \_\_\_\_\_

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

Parent's Name: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Physican/Clinic/Hospital to be called in an emergency:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address/directions: \_\_\_\_\_

\_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address/directions: \_\_\_\_\_

\_\_\_\_\_

**I authorize Sunflower, The Lewisburg Area Child Care Center staff to take whatever medical measures are deemed necessary for the protection of my child while he/she is in their care. I understand that this authorization includes the administration of minor first aid procedures by facility/staff or calling the physician or hospital named above, implementing their instructions and transporting my child to a hospital or clinic without first obtaining my consent.**

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_