

# *PJ Family Day Care Child Care Application*

Please fill out these forms completely. If a question does not apply to your child, please write **not applicable** or **N/A**. The forms must be in the provider's possession the day your child begins care.

Date of Admission \_\_\_\_\_ Date of Discharge \_\_\_\_\_

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

Child's full name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

Name of Parent(s) \_\_\_\_\_

Home address (if different) \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Parent(s) location during childcare:**

Parent: \_\_\_\_\_ Parent: \_\_\_\_\_

Where: \_\_\_\_\_

Telephone: \_\_\_\_\_

Instructions: \_\_\_\_\_

\_\_\_\_\_

**Emergency contact:** (Person to be contacted in case of an emergency when parent cannot be reached)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Persons other than parent authorized to take child from childcare:** (if none, please state)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Parents Visit Notice**

I understand that I am able to visit this family childcare home unannounced any time during the hours that my child is in care.

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

\_\_\_\_\_  
Date

**Statement of Arrival and Departure**

Usual days of attendance: Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_

Usual arrival time: \_\_\_\_\_

Usual departure time: \_\_\_\_\_

## CHILD'S SCHEDULE AND INTERESTS

The following information on your child's routines and activities will help your provider give your child the best possible care. If a question does not apply, please write NA (Not applicable)

EATING: Schedule \_\_\_\_\_  
Food likes and dislikes \_\_\_\_\_  
Food allergies \_\_\_\_\_

SLEEPING: Napping schedule \_\_\_\_\_  
Please describe your child's fussy time, if any \_\_\_\_\_

TOILETING: Is your child toilet trained? \_\_\_\_\_ Schedule: \_\_\_\_\_  
Please describe any recurring problems with toileting or diapering \_\_\_\_\_

ALLERGIES: Does your child have any allergies (food, medication, insects, etc)? \_\_\_\_\_

PLAY: Favorite activities: Indoors \_\_\_\_\_  
Outdoors \_\_\_\_\_

FEARS: Please describe any fears your child may have: \_\_\_\_\_

DISCIPLINE: Please describe the steps you take in disciplining your child at home: \_\_\_\_\_

SPECIAL NEEDS: Please describe any special medical, physical, or emotional needs your child may have: \_\_\_\_\_

Add any information about your child which you feel would help the provider in caring for your child:

**PAUSE HERE! This form only needs to be completed if your child has been enrolled for a year or more.**

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### ANNUAL UPDATE FORM

Once your child has been in care for a year, the provider must have you review this form and update any incorrect information. The provider is also required to have you sign several of the permission forms again.

Please review the information contained in this record and make any corrections. By signing this form, you are stating that you give the provider permission to:

1. transport your child to a medical facility and receive emergency medical treatment;
2. perform first aid and/or CPR on your child;
3. take your child off the premises of the family child care home for the specified excursion; and
4. apply the topical medications listed on the applicable permission form.

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

\_\_\_\_\_  
Date

**EMERGENCY CARD INFORMATION**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child's Home Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**INSTRUCTIONS TO REACH PARENT/GUARDIAN**

- 1. \_\_\_\_\_  
(Name, Address, Phone #)
- 2. \_\_\_\_\_  
(Name, Address, Phone #)

**PEDIATRICIAN OR SOURCE OF HEALTH CARE**

- 1. \_\_\_\_\_  
(Name, Address, Phone #)

**EMERGENCY CONTACT PERSON(S)**

- 1. \_\_\_\_\_  
(Name, Address, Phone #)
- 2. \_\_\_\_\_  
(Name, Address, Phone #)

**MEDICAL EMERGENCY TREATMENT**

I hereby give \_\_\_\_\_ permission to  
(Name of provider/A.A.)  
administer basic first aid and/or CPR to my child \_\_\_\_\_  
(Name)  
and/or take my child \_\_\_\_\_ to a hospital for medical  
(Name)  
treatment when I cannot be reached or when delay would be dangerous to my child's health.

\_\_\_\_\_  
(Date) (Parent Signature)

**MEDICAL INSURANCE INFORMATION (Optional)**

Subscriber's Name: \_\_\_\_\_  
Type of Insurance: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_  
\_\_\_\_\_