



“Together Making a Difference”

ENROLLMENT APPLICATION

STUDENT INFORMATION

STUDENT START DATE _____

CHILD’S NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP CODE _____

HAS YOUR CHILD HAD PREVIOUS DAYCARE PLACEMENT? YES _____ NO _____

IF YES, NAME OF DAYCARE _____

***Any known allergies (food/ other)?

PARENT INFORMATION

PARENT/ GUARDIAN NAME _____ PARENT

GUARDIAN

HOME ADDRESS _____

HOME PHONE _____ CELL PHONE _____

EMPLOYER _____ BUSINESS PHONE _____

BUSINESS ADDRESS _____

EMAIL ADDRESS _____

PARENT/GUARDIAN NAME _____ PARENT GUARDIAN

HOME ADDRESS _____

HOME PHONE _____ CELL PHONE _____

EMPLOYER _____ BUSINESS PHONE _____

BUSINESS ADDRESS _____

EMAIL ADDRESS _____

MARITAL STATUS SINGLE MARRIED WIDOWED

OTHER _____

CHILD’S LEGAL GUARDIAN(S) BOTH PARENTS/ GUARDIANS MOTHER FATHER

OTHER _____

CHILD’S LIVING ARRANGEMENT BOTH PARENTS/ GUARDIANS MOTHER FATHER

OTHER _____

ARE THERE ANY CUSTODY SITUATIONS WE NEED TO KNOW OF? YES(DOCUMENTATION REQUIRED)

NO



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EMERGENCY CONTACT

PLEASE NOTE: In case of illness or accident, the contacts below will be contacted only if the Parent/ Guardian cannot be reached.

Name _____ Relationship to child _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

This person can make medical decisions for my child **Yes** **No**

Name _____ Relationship to child _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

This person can make medical decisions for my child **Yes** **No**

Name _____ Relationship to child _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

This person can make medical decisions for my child **Yes** **No**

PARENT INITIAL _____



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PERSONS AUTHORIZED TO PICK UP CHILD

I hereby give permission for the following people to pick up my child(ren) if I am unavailable to do so. Please provide the requested information for at least (4) people other than the parent/ guardian to whom you authorize to pick your child up from NCELC-Houston.

Name _____ Relationship to child _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

Name _____ Relationship to child _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

Name _____ Relationship to child _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

Name _____ Relationship to child _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

By signing below, I am stating that I understand that no one other than the persons listed above will be allowed to pick my child up from New Change Early Learning Center. In addition, New Change will require photo ID, otherwise the child will not be released to that person. If anyone other than those listed comes to pick up your child, a written statement from the parent will be required (no verbal authorization will be accepted). Please



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note that late pickup fees will be assessed to your account and is the responsibility of the parent if the authorized pickup person arrives after 6:30pm.

Parent Signature _____ Date _____

HEALTH

What arrangements can you make for the child during illness? _____

What communicable diseases has the child had; *Measles (red)* _____ *Mumps* _____
Whooping cough _____ *Other* _____

Any physical disabilities? If yes, please explain _____

Special instruction if the child becomes ill while at the center _____

Pediatrician Name _____ **Phone Number** _____

Pediatrician Address _____

Preferred Hospital (in case of emergency) _____

Are there any medications given regularly? _____ **If so, what?** _____

DEVELOPMENTAL HISTORY

SIBLINGS: _____ **NAME:** _____ **AGE:** _____

TYPE OF BIRTH: NORMAL _____ **PREMATURE** _____ **BIRTH WEIGHT** _____

ANY PREGNACY COMPLICATIONS? _____

CHILD DEVELOPMENT



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Age child began speaking _____ Does child speak in words? _____ Sentences? _____

Any speech difficulties? _____

Will your child adjust easily to childcare? _____

Demand attention? _____ What upsets him/ her the most? _____

EATING HABITS

Is the child usually hungry at mealtime? _____ Between Meals? _____

Favorite foods? _____ Refused foods? _____

Any eating problems? _____ Food allergies? _____

TOILET HABITS

Can the child be relied upon to indicate his/ her bathroom wishes? _____

Words used for urination. _____ Bowel movement? _____

SLEEPING HABITS

Does the child have any sleep problems? _____

Does the child take naps? _____ When? _____

SOCIAL RELATIONSHIPS

Has he/ she had experiences in playing with other children? _____

How does the child get along with brothers and sisters? _____

Other adults? _____

Does the child show his feelings? _____ Easily hurt? _____

What do you feel is the best way in handling your child? _____

What are his/ her favorite toys and activities at home? _____

Does your child like to be read to? _____ Listen to music? _____



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INFANT AND TODDLER ENROLLMENT ONLY

Any history of colic? _____ Sensitive skin? _____ Diaper rash? _____

Do you use powder? _____ Lotion? _____ Oil? _____ Other? _____

Are plastic pants used? _____ Always? _____ Sometimes? _____ Never? _____

Current feeding schedule _____

Any special feeding problems? _____

Any problems with diarrhea? _____ Constipation? _____

Does child use a pacifier or suck thumb? _____ If yes, how long? _____

Toilet trained or starting? _____ Is potty chair used at home? _____

Special toilet seat? _____ Regular? _____

Which formula do you feed your baby? _____

Parent Signature _____ Date _____



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