

Heather's Child's Place



2130 Route 208 Montgomery, NY 12549

Phone: 845-457-5559 | Fax: 845-457-4572 | Email: info@heatherschildsplace.com

Application Form

Child's Information

First name

Last name

M.I.

Street address

Street address line 2

City

State

Zip code

Male or female?

Female

Male

Days of the week required (school hours are 6:30 am to 6:00 pm)

Monday

Tuesday

Wednesday

Thursday

Friday

Parent / Guardian Information

Mother's name (Or legal Guardian) #1

Street address

City

State

Zip code

Phone number (Home)

Phone number (Work)

Phone number (Cell)

Place of work

Email address

Father's name (Or legal Guardian) #2

Phone number

Street address (if different from above)

City

State

Zip code

Phone number
(Home)

Phone number (Work)

Phone number (Cell)

Place of work

Email address

Mother's Social Security #

Father's Social Security #

Please list any siblings or other people that live in your household

Marital Status

Divorced

Married

Single

Widowed

Emergency Contact 1

In the event of an emergency, please contact:

First name

Last name

Primary phone number

Secondary phone number

Emergency Contact 2

In the event of an emergency, please contact:

First name

Last name

Primary phone number

Secondary phone number

The following information is requested to assist with the program plan for your child

Does your child have any special needs such as medications, treatments, allergies, food intolerances, condition, behaviors, etc?

Yes

No

If so, please list

Foods your child likes

Foods your child dislikes

Things that comfort your child

Things that scare your child

Cultural habits/home issues that may affect the child's behavior:

Has your child had any previous group or preschool experience?

If so, where?

Yes

No

What words does your child use for toileting?

Does your child have any bowel or bladder irregularities?

Are there any other languages other than English spoken in the home?

Yes

No

If so, what ones?

Sleeping Habits:

What time does your child normally go to bed?

What time does your child normally get up?

Does your child need special help going to sleep?

What, if anything, does your child sleep with?

Does he/she take naps at home?

Are there any napping instructions?

Social Relationships:

Has he/she had the experience of playing with other children?

Yes

No

By nature she/he is...

friendly

aggressive

shy

Other

Is she/he known by any children at the center?

Yes

No

What makes your child upset?

How does your child show their feelings?

What methods do you use when she/he behaves in a way you do not approve of?

My child like to...

Listen to music

Play Outside

Be read to

Other

Please list some of your child's favorite activities

Medical information

Doctor

Doctor's phone number

Dentist

Dentist's phone number

Preferred hospital

Insurance/health coverage

Please list any of the following: Current medications, medication allergies, food allergies, or chronic health concerns.

Authorized Pick up List

Authorized list of persons able to pick up your child!

Mother and Father must have their names on the pick up list if applicable.

#1

First name

Last name

Phone Number (Home)

Phone Number (Work)

Phone Number (Cell)

Relationship to child

#2

First name

Last name

Phone Number (Home)

Phone Number (Work)

Phone Number (Cell)

Relationship to child

#3

First name

Last name

Phone Number (Home)

Phone Number (Work)

Phone Number (Cell)

Relationship to child

#4

First name

Last name

Phone Number (Home)

Phone Number (Work)

Phone Number (Cell)

Relationship to child

MAY NEVER PICK UP MY CHILD

First name

Last name

First name

Last name

First name

Last name

Additional Comments

Custody Cases

If you have sole custody please supply us with a copy of the court papers.

Note: If there is a joint custody please notify on which day(s) the father/mother of the child will pick him/her up. The custodial parent has the legal obligation of paying the tuition to the center.

Comments

In what particular way can we help your child this year at Heather's?

Anticipated Start Date

Parent Signature _____

Date

Parent Permission Sign Off

My Child _____

may sleep on a cot.

Parent Signature _____

Date

1 Year Old Room Only: Please feed my child according to the schedule set forth by staff in the 12 month old and up room. Heather's Child's Place will be using food provided by Heather's Child's Place kitchen unless otherwise stated.

Parent Signature _____

Date

We have not found, in your child's medical, that your child has had a lead screening. State law now asks us to inform you of the risks of lead poisoning and to give you information on lead poisoning. Please find attached a pamphlet on lead exposure and the detriment it can cause especially in young children. Please sign the bottom of this form showing that we have given you this pamphlet on this subject. This has to be placed in your child's folder.

I have received the information on lead screening from my provider.

Parent Signature _____

Date

Heather's Child's Place

I (we) have read and agree to the policies in the **Family Handbook, Fee Schedule, Holiday Schedule** and agree to its' requirements.

Note: This must be signed and returned to the office before your child may attend our center.

Parent Signature _____

Date