



Crittenton Center

Helping Families Shine

APPLICATION FOR CHILD CARE SERVICES

CHILD'S PERSONAL INFORMATION:

Date _____

Last _____ First _____ Middle Initial _____

Sex _____ Date of Birth _____ SS# _____

Race _____ Language _____ Religion _____

Street Address _____

City _____ State _____ Zip _____ Home Phone _____

Referred By _____

If child does not use his/her LEGAL first name, list the name he/she will be using:

PARENT/LEGAL GUARDIAN PERSONAL INFORMATION:

Mother's Name _____ DOB _____ SS# _____

Address _____ City _____

State _____ Zip _____ Home Phone _____ Work Phone _____

Race _____ Language _____ Religion _____

Place of Employment _____

of Hours worked per week _____ Hourly Wage _____

Student (circle one): Part-time Full-time Name of School _____

Father's Name _____ DOB _____ SS# _____

Address _____ City _____

State _____ Zip _____ Home Phone _____ Work Phone _____

Race _____ Language _____ Religion _____

Place of Employment _____

of Hours worked per week _____ Hourly Wage _____

Student (circle one): Part-time Full-time Name of School _____

Parent's Marital Status: Married Separated Divorced Single Widow

Is there a divorce or custody problem that we should be aware of? Yes No

If yes, please explain _____



Legal Guardian/Custodian (if other than parent) _____
Relationship to child _____ DOB _____ SS# _____
Address _____ City _____
State _____ Zip _____ Home Phone _____ Work Phone _____
Race _____ Language _____ Religion _____
Place of Employment _____
of Hours worked per week _____ Hourly Wage _____
Student (circle one): Part-time Full-time Name of School _____

SIBLINGS/OTHERS LIVING IN THE HOUSEHOLD (if applicable):

1. Name _____ Date of Birth _____ Relationship to Child _____
2. Name _____ Date of Birth _____ Relationship to Child _____
3. Name _____ Date of Birth _____ Relationship to Child _____
4. Name _____ Date of Birth _____ Relationship to Child _____
5. Name _____ Date of Birth _____ Relationship to Child _____
6. Name _____ Date of Birth _____ Relationship to Child _____

Significant others in child's life _____

If English is not the primary language spoken by your child, please list other language spoken _____

Religion (if any): _____

If there are certain events/holidays that your child should not be a part of due to religious reasons, please explain: _____

PLAY, SOCIALIZATION, AND EMOTIONAL DEVELOPMENT:

- How does your child get along with other children?
 Excellent Good Fair Poor Unsure
- Are your child's playmates:
 Boys Girls Both
 Older Younger Both Relatives
- What is the usual size of your child's neighborhood play group (# of children) _____
- What other group experience has your child had (if any) ?
 None Sunday School Pre-School/Headstart Other _____
- Do you regard your child as affectionate? Yes No
If yes, to whom? _____
- Does your child usually accept new people easily? Yes No Unsure



7. Is your child usually happy? Yes No
8. What nervous habits does your child exhibit (if any)? _____
9. When does your child usually show these nervous habits? _____
10. Does your child have any fears? Yes No
If yes, what are they? _____

PHYSICAL DEVELOPMENT/HEALTH HISTORY:

1. Do you consider your child to be: Right-Handed Left-Handed Unsure at this time
2. Does your child have any food dislikes or eating problems? Yes No
If yes, please explain: _____
3. What is your child's usual waking time? _____ AM Usual bed-time? _____ PM
Does your child currently nap at home? Yes No Approximate length of nap _____
What is his/her attitude about going to bed or taking a nap? _____
4. How does your child state the need to urinate? _____
Frequency of accidents (if any)? _____
How does your child state the need for a bowel movement? _____
Frequency of accidents (If any)? _____
5. Does your child have any physical handicaps/impairments? Yes No
If yes, please explain: _____
6. Does your child have any ongoing health conditions or problems? Yes No
If yes, please explain: _____
7. Does your child take any medication (other than over-the-counter medications)? Yes No
If yes, please list medication name and reason for taking: _____

8. Does your child have allergies? Yes No
If so, list allergens and typical reaction to these: _____

9. Illnesses your child has had: Chicken Pox Measles Scarlet Fever
 Mumps Other _____



BEHAVIOR AND DISCIPLINE:

Please place a check mark in the space provided that you feel describes your child...

- Responsible Sad Attentive Manipulative Fearful Quiet
- Silly Disruptive Shy Overactive Physically Aggressive
- Out going Loud Affectionate Withdrawn Resourceful Happy
- Unresponsive Leader Non-Compliant Enthusiastic Verbally Aggressive
- Moody Competitive Creative Loving Independent Cooperative
- Helpful Cheerful Sensitive Stubborn
- Other _____

When you find it necessary to discipline your child, which parent usually does this ? _____

What technique(s) are used to discipline your child? _____

What is your child's usual reaction to discipline? _____

Please give any further information, which you feel would help us better understand your child _____

SCHEDULING AND FINANCES:

Please check the days of the week that your child would attend the child care center:

- Monday Arrival Time: _____ AM PM Departure Time: _____ AM PM
- Tuesday Arrival Time: _____ AM PM Departure Time: _____ AM PM
- Wednesday Arrival Time: _____ AM PM Departure Time: _____ AM PM
- Thursday Arrival Time: _____ AM PM Departure Time: _____ AM PM
- Friday Arrival Time: _____ AM PM Departure Time: _____ AM PM

Total of Monthly Earnings **Before** Deductions (include all sources of income): \$ _____

Parent/Guardian Signature Date

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Application Rec'd:

By _____ Date _____



Family Questionnaire

In order to provide the best care for your child, please take some to help us get to know them and your family a little better. It is our intention to build up families and provide the most individualized school experience possible for your child. Thank you for your time in answering these questions.

1. Does your family have any special cultural traditions that you celebrate?

2. Would you be willing to share your traditions with the class, if that event were made possible? _____

3. During the course of the school year, we learn about all sorts of cultures and their celebrations. What is your preference in regard to your child's participation in these events? _____

4. Who makes up your family unit? _____

5. If you were posed with a crisis situation, do you have a support system of family/friends that you can count on? Who are these people? _____

6. What interests do you, as a family, have? _____

7. What are your child's primary interests? _____

