



Morrison Community Day Care Center
Application/ Record of Child Information

Child's Name _____ Birthdate _____ Gender _____
Child's start date _____ Date child left _____

PARENT/GUARDIAN

Name _____	Name _____
Relation to child _____	Relation to child _____
Address _____	Address _____
Phone number _____	Phone number _____
Work _____	Work _____
Work address _____	Work address _____
Work ph. Number _____	Work Ph. Number _____
Work hours _____	Work Hours _____

OTHER PERSON TO NOTIFY IF PARENT CANNOT BE REACHED

Name _____ Address _____
Phone number _____ Relationship _____

PHYSICIAN

Name _____ Address _____
Phone _____ Hospital or Clinic _____

DAYS/TIMES CHILD WILL ATTEND

How many days per week _____
Hours of Care _____

Parent's signature _____ Date _____
Director's signature _____ Date _____

ALL INFORMATION SHALL BE REGARDED COFIDENTIALLY

Has your child been in daycare before? Yes no

If yes, why did you leave? _____

Was your child happy there? _____

How long was your child there? _____

What did you like best about your previous daycare? _____

What did you like least about your previous daycare? _____

How would you describe your child's personality on a normal basis?

Happy Moody Quiet Chatty Testing Cooperative

Does your child have any siblings?

He/she has _____ Brothers and _____ Sisters.

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Meal Time:

Is your child a picky eater? Yes No

What are some of your child's favorite's foods? _____

Which foods does your child strongly dislike? _____

Does your child have trouble napping? Yes No

Do you have any ideas or a certain routine for us to follow to make naptime a more enjoyable time for your child?

Does your child take any kind of medication on a regular basis? Yes No

Why? _____

Will we need to administer this medication? Yes No How often _____

Does your child have any known allergies? Yes No

Please list all allergies: _____

Does your child take allergy medication? Yes No

Does your child need an inhaler? Yes No

Does your child wear glasses? Yes No

Does your child have any physical or mental disabilities? Yes No

Please explain: _____

Any other information that will help us care for your child
