

Reach 5 Play House Child Care Application Form

Parent(s)/Guardian Name(s): _____

Address: _____

Cell Phone: _____ Work Phone: _____

Child's Name: _____ M / F Age: _____ Birthday: ____/____/____

Place of Birth: _____ Language(s) Spoken at Home: _____

Desired Date to Enroll: _____

Days Needed (Circle One): MWF TH MTWThF Hours Needed: Half Day Full Day

Has child been previously in day/child care? Y/N If yes, reason for leaving? _____

How did you hear about us? Yelp Google Vivinabi Word of Mouth Other _____

Does child live with: Mom Dad Grandma Grandpa Other: _____

How would you describe your child's personality? _____

Does your child nap? Y/N How long is the nap time? _____

Does the child wet during nap? Y/N How often? _____

What time does your child typically go to bed? _____ Wake up? _____

What are your child's favorite activities? _____

Describe a typical day's schedule: _____

Toilet Trained? Y/N First time away from parents/guardian? Y/N

How do you discipline at home? _____

Is your child a good eater? _____

Does your child spend time with children his/her age? _____

Any known health issues? _____

Any food/non-food allergies? _____

Any reason to restrict activities? _____

Child's special needs or concerns I should know? _____