GROWTHSPURTS
CHILD DEVELOPMENT FACILITY

| APPLICANT INFORMATION | | |
|---|---|---|
| Child's Name: | | Nickname: |
| Date of birth: | | Sex *(Please circle)*: Male Female |
| Days wanting to attend *(Please circle)*: Monday Tuesday Wednesday Thursday Friday | | |
| | | |
| **PARENT/GUARDIAN INFORMATION** | | |
| **Parent/Guardian 1:** | | Cell Phone: |
| Email: | | |
| Address: | | Home Phone: |
| Employer: | Work Hours: | Work Phone: |
| **Parent/Guardian 2:** | | Cell Phone: |
| Email: | | |
| Address: | | Home Phone: |
| Employer: | Work Hours: | Work Phone: |
| Parent's/ Guardian's Marital Status *(Please circle)*: Married Separated Divorced Single Widowed | | |
| **If divorced, who has legal custody?* | | |
| **Any custody issues to note?* | | |
| **EMERGENCY CONTACTS** *Child may be released to the following emergency contacts* | | |
| Emergency Contact 1: | | Phone: |
| Relationship: | | |
| Emergency Contact 2: | | Phone: |
| Relationship: | | |
| Emergency Contact 3: | | Phone: |
| Relationship: | | |
| Emergency Contact 4: | | Phone: |
| Relationship: | | |
| **HEALTH INFORMATION** | | |
| Child's Physician: | | Phone: |
| Child's Dentist: | | Phone: |
| Please list any allergies or special needs? | | |
| Hospital Preference: | | |
| **SIGNATURES** | | |
| I authorize the verification of the information provided on this form and understand that I am responsible for informing GrowthSpurts Child Development Facility, LLC immediately if any of this information changes. | | |
| Parent/Guardian Name (printed): | | |
| Signature: | | Date: |

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## ADDITIONAL INFORMATION

### GETTING TO KNOW YOUR CHILD

Is your child potty trained (*Please circle*)? Yes No In Process

Does your child need help: Dress/Undress Eating Washing hands and face Potty etiquette

What is your child's favorite:

Game:

Toy:

Snack:

**Is there anything (food/activity) your child resists?*

Does your child have any unique fears? If so, please explain.

### PAST EXPERIENCES

Has your child been away from parents before? Yes No

**If so, who has cared for them?* Sitter Daycare Grandparents Other

**If childcare, previous childcare name and number:*

** Reason for leaving:*

### HOME ENVIRONMENT / BEHAVIOR

Child's responsibilities at home:

Evaluation of your child's personality at home:

Are there any holidays you do not want your child to participate in?

Any additional information that may be helpful:

### PARENT-SCHOOL COMMUNICATION

Describe your style of discipline:

Goals you have for your child in the program:

Preferred communication method:

Please click on “Downloads” from the homepage to find the policies that are applicable to you. The policies for the summer and for the school year are both located there.

Please be sure to print an extra copy for yourself so that you can reference it when any questions arise.

# Thank you!