



Flaming Sword Daycare - Early Learning Center

Student Application for Admission

Facility Id: 26002349

GETTING TO KNOW YOUR CHILD

Child's Name: _____ Child's Date of Birth: _____

What food does your child especially like? _____

What food does your child especially dislike? _____

What is your child's favorite toy, game, activity? _____

Is your child potty-trained? _____ What word does your child use for toilet? _____

How does your child express anger or frustration? _____

Does your child have any fears? _____

When your child is upset, what helps to comfort him/her? _____

How do you discipline your child? _____

Has your child been taking an afternoon nap? _____ If so, how long? _____

If not, why? _____

Does your child have a special toy or blanket for nap? _____

Are there special family situations (such as custody specifications, problems arising from situations, etc.)? _____

Do you anticipate any adjustment problems? _____

Are there any disorders/developmental issues diagnosed or suspected? _____

Has your child attended childcare previously? _____ If yes, where? _____

Did your child have any problems at the previous daycare? _____

What are your expectations of us? _____

Do you have any concerns about your child's development? _____

Race _____ Ethnic Identity _____ Religion _____ Culture _____

Home Language _____ Family Structure _____

Other comments: _____

Signature _____ Relationship to Child _____ Date _____



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GETTING TO KNOW YOUR INFANT/TODDLER

Please fill out this form for your child ages 0-18 months.

Child's Name: _____

Child's Date of Birth: _____

_____ Pre-Mature Birth _____ Full-Term Child's Birth Weight: _____ Home Birth / Hospital

Child's general mood: Are they mostly happy, fussy, colicky, etc.? _____

Has child stayed with anyone else besides parents? If so, who? _____

Is child bottle or breast-fed? _____ If using both, when do you use bottle vs. breast? _____

How do you give bottle? Room temp, warmed, cold? _____

If you warm the bottle, what procedure do you use to warm bottle? _____

Does the child hold his or her own bottle? _____

Is child on formula or milk? _____ What kind of milk or formula do you use? _____

Is child on baby cereal? _____ List the kinds you use: _____

Is child on strained or other baby foods? _____ List the varieties you use such as fruits, veggies, etc. _____

Food Likes: _____ Food Dislikes: _____

List amounts of food, types of food and times your child usually eats below:

Breakfast: _____

Lunch: _____

Snack: _____

Will your child have a bottle or breast-fed before arriving? _____

Will your child need breakfast? _____

Does your child sleep through the night? _____ If not, how often do they wake and what do you do when they wake – feed, rock, change, etc.? _____

When does your child wake in the morning? _____

When does your child nap in the morning? _____ Afternoon? _____

Does your child use a pacifier? _____ When? _____

Does your child need a special comfort item to sleep with? _____ What is it? _____

Do you have any concerns about your child's development? _____

Race _____ Ethnic Identity _____ Religion _____ Culture _____

Home Language _____ Family Structure _____

Please list any other important information or special instructions on the care of your child below: _____

Signature _____ Relationship to Child _____ Date _____