

Beetle Day Care

... home of happy, healthy kids



Application Form

Child's Name: -----

Street Address: -----

City: -----State: -----Zip: -----

Sex: ----- D.O.B: -----Phone Number: -----

Father's Name: -----

Occupation: -----

Employer: -----

Cell Phone Number: -----

Work Phone Number: -----

Mother's Name: -----

Occupation: -----

Employer: -----

Cell Phone Number: -----

Home Phone Number: -----

Child lives with

- 1) Father
- 2) Mother
- 3) Both
- 4) Other

Emergency Contact Phone Numbers _____

Beetle Day Care

... home of happy, healthy kids



Application Form

In case of emergency or illness, I authorize the following person to act on my behalf if I cannot be reached:

Name:

Address:

Phone Number (s):

Child's Doctor:

Address:

Phone Number:

Upon acceptance, there is a \$60 registration fee (non-refundable). Also the immunization record is required when the child begins the program.

Health

1. Does this child seem well most of the time? Yes/No
2. In year, has this child had as many as 3 episodes of ear trouble?
3. Has this child had trouble with his/her eyes?
4. What arrangements have you made for the care of your child should he/she becomes ill?
5. Does your child have any handicap that the staff needs to be aware of?
6. Does your child have any illness or disease?
7. Circle any of the following that is applicable to your child? Premature birth, Trouble breathing at birth, Head injury, Birth injury, Allergies (eczema, hive, hay fever, wheezing, asthma, insect biting, specific food intolerance), Allergic reactions.

Development History

1. What language is spoken in your home?
2. How do you comfort your child?

Beetle Day Care

... home of happy, healthy kids



Application Form

3. Do you have any special ways in helping your child fall asleep?
4. What is your child's present sleeping schedule? AM Nap PM Nap
5. Baby has to sleep on his/her back.
6. Does your baby need a pacifier?

Feeding

1. Is your baby breast fed?
2. Is your baby bottle fed?
3. Does your baby need to be burped?
4. What is your child's present eating schedule?

	Solid Foods	Juices	Formula
Breakfast			
Lunch			
Snacks			

Toilet Training

1. How frequently does your child have a bowel movement?
2. Is your child toilet trained?
3. What word does your child use to describe toilet movement?
4. Does your child frequently have diaper rash?

Beetle Day Care
... home of happy, healthy kids



Application Form

Each application must be accompanied by the application fee before it may be processed. The application fee is non-refundable. There is no refund in tuition for holidays, illness or vacation. One month's written notice is required prior to withdrawal. If 30-day notice is not given, you are responsible for that month's tuition in full. Tuition not paid 1st day of the week, if will incur a \$30 late fee will incur.

I understand and agree to the above terms.

Signature of Parent or Guardian

Date

For office use only

Date Received _____

Amount Paid _____

Remarks _____
