

*Follow- Up Application for Enrollment*

# **ICC Child Care Center**

*Please fill out the following information to help us achieve a better understanding  
of your child before they begin.*

*Thank You !!!*

## ***HEALTH CARE INFORMATION***

Do you have proof of up-to-date **child's immunizations** for: polio, measles, rubella, mumps, diphtheria, pertussis, tetanus, haempophilus, influenzae B, and hepatitis B? Yes No

If not, when will you? \_\_\_\_\_ (Proof required if enrolled).

Do you have results of lead screening? Yes No (Screening required if enrolled).

Do you have results of your child's negative TB test? Yes No (Required if enrolled).

Child's *local* **physician and/or clinic**: \_\_\_\_\_

Address: \_\_\_\_\_ Ph. ( ) \_\_\_\_\_  
street city state zip

Child's *local* **dentist**: \_\_\_\_\_

Address: \_\_\_\_\_ Ph. ( ) \_\_\_\_\_  
street city state zip

Does your child have any **allergies**? Yes No

Does your child have an ***allergy to Latex***? Yes No

If so, specify allergy triggers: (i.e., foods, medications, insects, animals)

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Specify symptoms: \_\_\_\_\_

Specify treatment: \_\_\_\_\_

Are there **special requirements or limitations for your child's diet** while in child care?

Yes No

If yes, are they family preference or doctor's requirement? \_\_\_\_\_

Please specify limitations: \_\_\_\_\_

How should limitations be accommodated?

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***Children with Disabilities or Special Health Needs***

*(If not applicable, please skip to Child's Personal and Developmental History section.)*

ICC Child Care Center strives to accommodate children with special needs whenever possible. In the event of acceptance, please help us better serve your child by completing the following.

Is your child's disability: mental \_\_\_\_\_ visual \_\_\_\_\_ auditory \_\_\_\_\_  
physical \_\_\_\_\_ emotional \_\_\_\_\_ behavioral \_\_\_\_\_

Specify disability: \_\_\_\_\_

Does your child's disability require specialized treatment or medication? Yes No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

Will treatment or medication need to be administered at the Center? Yes No

Could treatment (i.e., nebulizer) or meds be given by Center staff? Yes No

If yes, would you provide Center staff with training? Yes No

Does your child use specialized equipment for health or mobility? Yes No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

Would you provide staff with training on use of such equipment? Yes No

## ***Child's Personal & Developmental History***

If applicable, name step-parents in your child's life:

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

Name and ages of siblings (or step-siblings) living with your child: \_\_\_\_\_

Are there pets in the home? If so, please specify: \_\_\_\_\_

How has daytime child care been provided in the past? (Circle any that apply).  
parent    grandparent    other relative    child care home    child care center    nanny

Is English your child's primary language? Yes No    If not, what is? \_\_\_\_\_

If your child doesn't speak English, provide phonetic spelling of words your child understands for:

Hello:	_____	Hungry	_____	Play	_____
Goodbye	_____	Thirsty	_____	Friend	_____
Mom	_____	Tired	_____	Like	_____
Dad	_____	Scared	_____	Outside	_____
Yes	_____	Hurt	_____	Inside	_____
No	_____	Potty	_____		

Describe your child's language and communication ability: \_\_\_\_\_

Even though your child is potty trained, does your child have problems with urination, bowels, or toileting? Yes No    If yes, please specify: \_\_\_\_\_

Does your child have fears we should know of? Yes No  
If so, specify and provide tips for helping your child cope with them: \_\_\_\_\_

Has your child gone through a stage of biting other children? Yes No    If so, does it continue now? Yes No.    If yes, how do you handle it? \_\_\_\_\_

Describe your child's general physical motor abilities: \_\_\_\_\_

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Describe your child's preferred playmates, i.e., solitary, siblings, peers, adults: \_\_\_\_\_

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Describe your child's preferred activities, i.e., toys, games, books: \_\_\_\_\_

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Does your child watch television? Yes No If yes, please favorite programs: \_\_\_\_\_

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Please describe the type of discipline for behavior you use at home: \_\_\_\_\_

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Are there religious or family/cultural traditions your child observes? Yes No If so, please specify: \_\_\_\_\_

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Please describe any unique circumstances in your family or child's life that may affect your child's current behavior? (For instance, child's imaginary playmate; new sibling; a recent move; problems with child care arrangements; family death; illness or hospitalization; parent separation or divorce, etc.)

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Please take a moment to describe your child's personality and temperament to us: \_\_\_\_\_

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What do you hope your child gains from enrollment in our program? \_\_\_\_\_

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## ***Parent Interest Survey***

Our Center conducts semester parent-teacher meetings during the fall and spring semesters. Are there specific topics you would like addressed? If so, specify: \_\_\_\_\_

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Would you be interested in being at our parent meetings? Yes No

Do you have any personal talents/skills you would enjoy sharing with classroom children? (Such as a musical talent or crafts skill). If yes, please specify: \_\_\_\_\_

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How did you hear about ICC Child Care Center? \_\_\_\_\_

What influenced your decision to apply to our Center? (Circle any that apply).  
location price reputation educational program head teacher director facility

### ***BILLING PAYMENT AGREEMENT & REQUIRED SIGNATURE***

*I, \_\_\_\_\_, understand that I will be held solely responsible for payment of child care charges accrued during my child's enrollment at ICC Child Care Center. I understand that determination of my charges will be based on the child care rates in effect during my child's enrollment, and that I will be expected to pay charges by the posted due dates in order to maintain my child's enrollment status. I understand failure to pay charges will result in a delinquency with ICC Student Accounts.*

***Signature of person responsible for payment***

***Date*** \_\_\_\_\_