

\_\_\_\_\_ Paid \$20 Application Fee

\_\_\_\_\_ Pre-Placement Tour Date

## Northside Learning Center Child's Application

### Child's Information

Today's date \_\_\_\_\_

Desired date of admission \_\_\_\_\_

Full name of Child \_\_\_\_\_

What does your child like to be called \_\_\_\_\_

Birth date of child \_\_\_\_\_

Social Security Number \_\_\_\_\_

### Parents' Information

Mother's name \_\_\_\_\_

Address \_\_\_\_\_

Home phone number \_\_\_\_\_

Cell phone number \_\_\_\_\_

Pager Number \_\_\_\_\_

Employed at \_\_\_\_\_

Typical work hours \_\_\_\_\_

Work phone number \_\_\_\_\_

Email address \_\_\_\_\_

Social Security Number (last 4 digits) \_\_XXX-XX-\_\_\_\_\_

Father's name \_\_\_\_\_

Address \_\_\_\_\_

Home phone number \_\_\_\_\_

Cell phone number \_\_\_\_\_

Pager number \_\_\_\_\_

Employed at \_\_\_\_\_

Typical work hours \_\_\_\_\_

Work phone number \_\_\_\_\_

Email address \_\_\_\_\_

Social Security Number (last 4 digits) \_\_XXX-XX-\_\_\_\_\_

### Emergency Information

Name of person authorized to act for parents in an emergency

Contact's name \_\_\_\_\_

Address \_\_\_\_\_

Home phone number \_\_\_\_\_

Cell phone number \_\_\_\_\_

Pager number \_\_\_\_\_

Employed at \_\_\_\_\_

Work phone number \_\_\_\_\_

Email address \_\_\_\_\_

### Transportation Plan

To insure the safety of your child, please list all adults to whom your child may be released or who are authorized to provide transportation for your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance Information**

Please list your insurance information. We have secondary insurance coverage for your child in case of an emergency. Our provider requires that we have listed the company of the child's primary coverage.

Subscriber's name \_\_\_\_\_

Company \_\_\_\_\_

Policy ID number \_\_\_\_\_

Phone number \_\_\_\_\_

**Physician Information**

Name of physician \_\_\_\_\_

Office phone number \_\_\_\_\_

**Other Children in Family**

Name	Birth date	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Social Skills**

What are some of the ways in which your child plays at home?

\_\_\_\_\_

Does he/she play with other children?

\_\_\_\_\_

Does he/she usually get his/her own way with other children?

\_\_\_\_\_

If not, how does he/she react?

\_\_\_\_\_

Is the entire family together for any time during the day?

\_\_\_\_\_

**Eating Habits**

At what time does your child eat?

Breakfast\_\_\_\_\_ Lunch\_\_\_\_\_ Snack\_\_\_\_\_

Does your child feed himself/herself?

\_\_\_\_\_

What is your child's attitude towards eating?

\_\_\_\_\_

If he/she refuses to eat, how is this handled and by whom?

\_\_\_\_\_

Favorite foods are:

\_\_\_\_\_

Disliked foods are:

\_\_\_\_\_

Foods he/she is allergic to:

\_\_\_\_\_

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### Northside Learning Center Child's Health History

Child's name \_\_\_\_\_  
Child's birth date \_\_\_\_\_  
Parent's signature \_\_\_\_\_  
Parent's signature \_\_\_\_\_

The answer to these questions will help us to know if your child has any medical problems. We need this information in case he/she becomes ill and we are unable to reach you right away. Please circle the right answer. We will go over the checklist with you when you have finished.

#### Pregnancy and Birth

- Y N Were there any problems with pregnancy or your child's birth?  
Y N Was his/her birth weight under 5 and half pounds?  
Y N Did the baby have any problems in the hospital? If so, explain.

\_\_\_\_\_

#### Medical Problems

- Y N Has your child even been in the hospital overnight? If so, explain.

\_\_\_\_\_

- Y N Is your child taking medicine? If so, explain.

\_\_\_\_\_

- Y N Any allergies or reaction to medicine, DTP, shots, or insects?

\_\_\_\_\_

- Y N Has your child had asthma or wheezing?

- Y N Does your child have a speech problem? If so, please describe.

\_\_\_\_\_

- Y N Does your child have a hearing problem? If so, please describe.

\_\_\_\_\_

- Y N Has your child had two or more ear infection in a year?

- Y N Does your child have tubes in his/her ears?

- Y N Has your child had tonsillitis?

- Y N Does your child have trouble with his/her eyes? If so, please describe.

\_\_\_\_\_

- Y N Has your child ever had a bladder or kidney infection? If so, please describe.

\_\_\_\_\_

- Y N Does your child have a burning sensation when urinating?

- Y N Does your child have seizures, fits, or shaking spells? If so, please explain?

\_\_\_\_\_

- Y N Have you been told that your child has a heart murmur? If so, please explain?

\_\_\_\_\_

- Y N Is your child on a heart monitor?

Y N Is your child able to play as hard as other children?

Y N Has your child ever had a bumpy, swollen reaction to a TB skin test?

In the event of a natural disaster or other situation that makes it prudent to evacuate immediately to a safe location, I agree to allow my child to be transported in whatever vehicles the Director or acting person in charge deems the best option at that time. Recognizing that an evacuation would occur only in the most extreme circumstances, I agree to hold the Center, the Director, and members of the staff harmless in the event of an accident.

Signature of parents: \_\_\_\_\_

\_\_\_\_\_

Y N I have received a summary of the licensing requirements.

Y N I do hereby-authorize emergency medical care for my child by the staff and teachers at Northside Learning Center.

Y N I have received and read a copy of the NLC Parent Handbook and I agree to abide by the rules and regulations therein.

Signature of parents: \_\_\_\_\_

**Please sign below if you give permissions for NLC to put your child's picture on our Facebook page. This page is open to the general public.**

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

**Office use**

Weekly fee \_\_\_\_\_

Monthly fee \_\_\_\_\_

Date child is enrolled \_\_\_\_\_

Date child is withdrawn \_\_\_\_\_

Reason for withdrawal \_\_\_\_\_