

*Fannie Battle Day Home for Children Infant/Toddler Application*

Child's Full Name_____	Preferred to be called_____
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Child's Due Date/Child's Birth Date		Child's Race/Ethnicity (optional)		M	F
Date Applied	Date of Preservice Visit	Date of Admission		Sex	
Parent/Guardian		Parent/Guardian			
Home Phone	Cell Phone	Home Phone	Cell Phone		
Address		Address			
Employer (or school attending)		Employer (or school attending)			
Business Address		Business Address			
Business Phone		Business Phone			

**Emergency Contact (anyone who may act as a parent if the parent cannot be contacted)**

Name		Name	
Home Phone	Cell Phone	Home Phone	Cell Phone
Address		Address	
City, St. Zip		City, St. Zip	

**Transportation Plan (Who is authorized to pick up your child other than you)**

If you want to arrange for others to pick up your child, please notify staff.

Name/Relationship	Contact Number
Name/Relationship	Contact Number
Name/Relationship	Contact Number

**Doctor's Information (This area must be filled in.)**

Name of Physician	
Address of Physician	Office Number

**Other Information:**

List other children in family and birth dates \_\_\_\_\_

\_\_\_\_\_

Explain your child's eating habits (examples; they enjoy eating, bottled fed, table food, jar foods (how many), if they are a picky eater) \_\_\_\_\_

\_\_\_\_\_

Explain your child's sleeping habits (examples; how often he/she sleeps, takes naps daily, any sleeping routine you have established, special blanket, rocked, patted or backed rubbed, etc.) \_\_\_\_\_

\_\_\_\_\_

Explain your child's toileting habits (examples; they are fully potty trained, needs to be reminded to use the restroom but for the most part is potty trained, they are not fully potty trained, wears pull ups, just started training, etc.) \_\_\_\_\_

\_\_\_\_\_

Explain your child's physical growth (examples; normal, under weight, etc.) \_\_\_\_\_

\_\_\_\_\_

Explain any behavioral problems, developmental concerns, or any concerns that you may have and the child exhibits at home or has exhibited in the past at school, daycare, or in other settings that you think we should be aware of (speech, physical, emotional, mental, and/or cognitive)

\_\_\_\_\_

\_\_\_\_\_

Please list all known and/or suspected allergies (any child with a food allergy must have a doctor's statement to that effect)

\_\_\_\_\_

\_\_\_\_\_

Explain any fears that we should be aware of (examples; they are afraid of the dark, they are afraid of dogs, they are afraid of Santa Claus or any other dressed up characters, loud noises, strangers, etc.) \_\_\_\_\_

\_\_\_\_\_

Explain any of your child's likes or dislikes that we should be aware of (examples; they don't like milk, they really like to read with adults, they enjoy art, they don't like to play outside, etc.) \_\_\_\_\_

\_\_\_\_\_

Explain any family issues that would effect your child while at the Day Home (examples; custody issues, legal guardianship, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian & Date