



Child's Application~ Fannie Battle Day Home for Children  
 911 Shelby Avenue ▪ Nashville, TN 37206  
 (615) 228-6745 Phone (615) 228-8773 Fax  
 www.fanniebattle.org



Date of preservice visit \_\_\_\_\_ Date of admission \_\_\_\_\_ Child's birth date \_\_\_\_\_  
 Child's full name \_\_\_\_\_ What does the child prefer to be called \_\_\_\_\_  
 Address \_\_\_\_\_ H# \_\_\_\_\_

**Parents:** (Parents/Families must be working and/or attending school in order for their child to be enrolled.)

Mother's name _____	Father's name _____
Address _____	Address _____
H# _____ C # _____	H# _____ C# _____
Where employed/school _____	Where employed/school _____
Hours _____ W# _____	Hours _____ W# _____

**Transportation Plan:** (To insure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child.)

Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____

**Emergency Information:**

Name and relationship of person authorized to act for parent in an emergency \_\_\_\_\_

Address \_\_\_\_\_ H# \_\_\_\_\_ C# \_\_\_\_\_

Where employed \_\_\_\_\_ Hours \_\_\_\_\_ W# \_\_\_\_\_

Name of Physician \_\_\_\_\_ Address \_\_\_\_\_ Office# \_\_\_\_\_

**Other Information:**

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

\_\_\_\_\_

Explain how your child plays with other children (examples; likes to play alone, plays well with others, plays rough, etc.) \_\_\_\_\_

\_\_\_\_\_

Explain your child's eating habits (examples; they enjoy eating, they do not eat pork, they are a picky eater) \_\_\_\_\_

\_\_\_\_\_

Explain your child's sleeping habits (examples; likes to stay up late, goes to bed early, takes naps daily, 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, etc.) \_\_\_\_\_

Explain your child's speech (examples; delayed, age appropriate, I can understand their speech but others have difficulty, etc.) \_\_\_\_\_

Explain your child's physical growth (examples; normal, small for their age, etc.) \_\_\_\_\_

Explain any behavioral problems that your child exhibits at home or has exhibited in the past at school, daycare, or in other settings \_\_\_\_\_

Explain any developmental delays that your child possesses (speech, physical, emotional, or mental) \_\_\_\_\_

Please list all known and/or suspected allergies \_\_\_\_\_

Explain any concerns that we should be aware of (examples; they don't like playing with other children, they won't eat enough, they have many difficulties with their speech, etc.) \_\_\_\_\_

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, 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.) \_\_\_\_\_

Does your family have the opportunity to spend quality time together and if so what activities do you enjoy together the most (examples; feeding the ducks, going to the park, eating dinner together, watching television, riding bikes, 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