APPLICATION

Date of Application: ______________________ Anticipated Start Date: ______________

Child's Name: ____

Nickname: ____

Child's SSN: ______________________ Date of Birth: ______________

Mother's Name: ____

Mother's Address: ____

Mother's Contact Number(s): Hm: ( ) ______________ Cell: ( ) ______________

Mother's Employer: ____

Mother's Work Number: ( ) ____

Father's Name: ____

Father's Address: ____

Father's Contact Number(s): Hm: ( ) ______________ Cell: ( ) ______________

Father's Employer: ____

Father's Work Number: ( ) ____

Mother/Father's Email: ____

Please list all names, relationships and ages of people living in the child's home. Additional names can be added on back of page.

1. ______________________ 2. ______________________
3. ______________________ 4. ______________________
5. ______________________ 6. ______________________

Referred by: ____

Funding Source: ☐ Private Pay ☐ ABC Voucher ☐ ABC Special Needs ☐ DDSN

Do you need transportation? ☐ No ☐ Yes

Child's Development and Health History

Physical Health:
Has your child had any health issues in the past? ☐ No ☐ Yes If yes, please explain ________________

____

Does your child have any health issues now? ________________________________

____

Does your child have any recurring chronic illness or health problems (such as asthma or frequent earaches)? ☐ No ☐ Yes if yes, please list

____

____

Does your child have a diagnosed disability (such as cerebral palsy, seizure disorder, autism)?
☐ No ☐ Yes if yes, please list

____

Do you have any other concerns about your child's health? ☐ No ☐ Yes if yes, please explain

____

____

Describe your child's development compared to other children his/her age:

____

____

Does your child have any issues with talking or making sounds? ☐ No ☐ Yes if yes, please explain

____

____

Does your child have any issues with walking, running or moving? ☐ No ☐ Yes if yes, please explain

____

____

Does your child have any problems with hearing or vision? ☐ No ☐ Yes if yes, please explain.

Does your child have any problems using his/her hands (such as with puzzles, drawing, small building pieces)? ☐ No ☐ Yes if yes, please explain.

Daily Living:

Does your child take a bottle? ☐ No ☐ Yes

What type of formula do you use? ____________________

What amount of formula is given? ____________________

Should the bottle be warmed? ☐ No ☐ Yes

Does your child hold his/her own bottle? ☐ No ☐ Yes

Does your child eat food? ☐ No ☐ Yes

What type of food? ☐ Baby Food ☐ Table food ☐ Other ____________________

Does your child have any special feeding needs? Please explain ____________________

What food does your child like? ____________________

What food does your child dislike? ____________________

Does your child toilet independently? ☐ No ☐ Yes

Does your child use ☐ diapers ☐ pull-ups ☐ NA

How does your child indicate bathroom needs? ____________________

Does your child have any special toileting needs? ☐ No ☐ Yes if yes, please explain

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What is your child's regular sleeping pattern? Awakes at ____________. Naps at _____________.

How does your child sleep (on his/her back or stomach)? ____________________________________

How does your child like to go to sleep (i.e. rocking, cuddling, a blanket)? ____________________

Social Relationships/Play

What ages are your child's most frequent playmates? ______________________________

Does your child play well alone? ☐ No ☐ Yes

What is your child's favorite toy? ______________________________

What is the most effective way to discipline your child? ______________________________

Who does the most disciplining in your family? ______________________________

With what adults does your child have frequent contact? ______________________________

How do you comfort your child? ______________________________

Does your child have a special comforting item? ☐ No ☐ Yes if yes, please list ________________

What else should we know about your child?

We greatly appreciate you taking the time to complete this application as thoroughly as possible. This information will help us best serve you and your child.

Feel free to add additional pages if you need more space to share information.