

**Teays Valley Child Development Center
6442 Teays Valley Road
Scott Depot, WV 25560
(304) 757-9165**

APPLICATION FOR ENROLLMENT

Child's Name _____ Birthdate _____

Home Address _____

Present age _____ Male/Female (circle one)

Mother's Name _____ Social Security # _____

Address _____

Home Telephone _____ Cell/Pager # _____

Employer _____ Work# _____ Mother's Email _____

Father's Name _____ Social Security # _____

Address _____

Home Telephone _____ Cell/Pager # _____

Employer _____ Work# _____ Father's Email _____

EMERGENCY CONTACTS

Name _____ Relationship _____

Address _____ Phone # _____

Name _____ Relationship _____

Address _____ Phone # _____

Child's Physician _____ Phone # _____

Physician's Address _____

Insurance Company _____ Policy # _____

Preferred Hospital where child may be treated: _____

Names of persons authorized to pick child up from center non-parental/guardian (child will not be allowed to leave with any other person without written authorization from the responsible parent or guardian):

Name _____ Telephone _____

Name _____ Telephone _____

Name _____ Telephone _____

Name _____ Telephone _____

Days care is needed: M T W TH F Time of day care is needed: _____

CONFIDENTIAL CHILD ASSESSMENT FORM

General Information: Family Name _____ # of persons in Home _____
Father _____ Age _____ Mother _____ Age _____
Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____ Other _____

Family and Household:

Children in order of birth (including this child):

Name	Age	Grade in School	Health	Living?
1.				
2.				
3.				
4.				
5.				
6.				

Others in household (show relationship):

Name	Relationship
1.	
2.	
3.	
4.	

HEALTH

Pregnancy and Birth History:

Delivery: Normal _____ Premature _____ (how much) _____ Caesarian _____
Health of Mother during pregnancy _____
Complications during pregnancy _____
Complication during birth _____
Any other pregnancy information that may be helpful _____

GENERAL HEALTH:

Any diseases that "run" in the family? Yes _____ No _____ If so, describe _____

Has child ever been separated from parents or guardians for any length of time? _____

Describe experiences and the child's reactions and adjustments: _____

Is there anything in particular that frightens this child? _____

Has this child had any upsetting experiences such as divorce of parents, death in family, frequent or recent moves, etc.? _____

What were the child's reactions? _____

Child's known developmental needs: _____

ROUTINES

Rating: As a rule, is your child's appetite – good _____, fair _____, or poor _____.
Does he/she eat alone or with the family? _____ Can he/she feed himself completely? _____

List any foods your child is NOT allowed to eat _____

Usual mealtimes: Breakfast _____ Lunch _____ Dinner _____

Sleeping: How many hours does your child sleep at night? _____ Time child gets up in the morning _____
Does child have a bed of their own? _____ Sleeps alone? _____ Takes naps daily? _____ Length of nap _____

Elimination: Training started for bladder control at what age? _____ Bowel Control? _____

Is control established in daytime? _____ During the night? _____ How does child indicate need for urination? _____ Bowel movement? _____

Self-Help:

CAN CHILD?	DO ALONE	NEEDS HELP	CAN CHILD?	DO ALONE	NEEDS HELP
Dress			Comb/brush hair		
Undress			Brush teeth		
Wash hands/face			Tie shoes		
Toilet			Put toys away		

ACTIVITIES

Does your child prefer playing alone? _____ With other children? _____

List names of favorite playmates: _____

Does child get along well with family children? _____ Parents? _____ Other children? _____

Has child attended any children groups? Day Care _____ PreK _____ Sunday School _____
Vacation Bible School _____ Other _____

Check the approaches to learning your child demonstrates.

	Initiative and Curiosity
	Reasoning and Problem Solving
	Invention and Imagination
	Other:

Check the methods of control, discipline, teaching you find most effective with this child.

	Bribing		Demonstrating	Other recommended methods:
	Coaxing		Depriving of pleasure	
	Praising		Preparing child in advance	
	Reasoning		Redirection	
	Rewarding		Speaking in a firm voice	
	Time-Out		Suggesting	

List any concerns you may have for your child: _____

List any goals you may have for your child: _____

Plan for care when child is ill? _____

Reasons for requesting Center care? _____

Does your child attend Church/Sunday School? _____ Where? _____

Other information you feel might be helpful in working with your child in the center?

Permission – Circle one

I authorize TVCDC to apply sunscreen to my child that I will supply. **Yes** **No**

I give permission to TVCDC to use video/photographs/audio recordings in school activities for news, stories, website, or for advertising purposes. **Yes** **No**

Signature of Parent/Guardian _____ Date _____

Signature of Director _____ Date _____

FOR CENTER USE: Date of Admission _____ Date of Discharge _____