

# Nannie's Treehouse

## Enrollment Application

Please complete every applicable section. Leave nonapplicable items blank.

### Child's Information

Full legal name:

Preferred name:

Date of birth:

Age:

Gender:

Home address:

Date of admission / desired start date:

Program: ☐ Full Time ☐ Part Time

Days of attendance: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

### Parent / Guardian Information

Parent / Guardian 1 name:

Relationship:

Address:

Home / mobile phone:

Email:

Employer:

Work phone:

Parent / Guardian 2 name:

Relationship:

Address:

Home / mobile phone:

Email:

Employer:

Work phone:

## Other Children in the Family

| Name | Birthdate | School / Program |
|------|-----------|------------------|
|      |           |                  |
|      |           |                  |
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|      |           |                  |
|      |           |                  |

## Family Routine

Is the entire family together for any time during the day? If yes, describe when and what you usually do together.

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# Safety, Emergency and Medical Information

## Emergency Contacts (other than parents / guardians)

### Emergency Contact 1

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work hours: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Home / mobile phone: \_\_\_\_\_  
Work phone: \_\_\_\_\_

### Emergency Contact 2

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work hours: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Home / mobile phone: \_\_\_\_\_  
Work phone: \_\_\_\_\_

## Transportation and Authorized Pick Up Plan

List every adult to whom your child may be released and every adult authorized to provide transportation for your child. Identification may be required before release.

| Name  | Relationship | Phone | Authorized for                                                                                         |
|-------|--------------|-------|--------------------------------------------------------------------------------------------------------|
| _____ | _____        | _____ | <input type="checkbox"/> Pick Up <input type="checkbox"/> Transportation <input type="checkbox"/> Both |
| _____ | _____        | _____ | <input type="checkbox"/> Pick Up <input type="checkbox"/> Transportation <input type="checkbox"/> Both |
| _____ | _____        | _____ | <input type="checkbox"/> Pick Up <input type="checkbox"/> Transportation <input type="checkbox"/> Both |
| _____ | _____        | _____ | <input type="checkbox"/> Pick Up <input type="checkbox"/> Transportation <input type="checkbox"/> Both |
| _____ | _____        | _____ | <input type="checkbox"/> Pick Up <input type="checkbox"/> Transportation <input type="checkbox"/> Both |

## Physician and Medical Information

Physician's name: \_\_\_\_\_  
Physician address: \_\_\_\_\_  
Preferred hospital: \_\_\_\_\_

Office phone: \_\_\_\_\_  
Home / alternate phone: \_\_\_\_\_

Allergies (food, medication, environmental, insect, vaccine reactions): \_\_\_\_\_  
Current medications: \_\_\_\_\_  
Special needs, diagnoses, conditions, or care instructions: \_\_\_\_\_

# Child's Health History Checklist

Please answer Yes or No. Add details in the explanation area when needed.

## Pregnancy and Birth

- Were there any problems with the pregnancy or your child's birth? Yes ☐ No ☐
- Was your child's birth weight under 5 1/2 pounds? Yes ☐ No ☐
- Did your child have any problems in the hospital after birth? Yes ☐ No ☐

## Medical History

- Has your child ever been in the hospital overnight? Yes ☐ No ☐
- Is your child currently taking any medicine? Yes ☐ No ☐
- Has your child had allergies or reactions to medicine, DTP or other immunizations, or insect bites / stings? Yes ☐ No ☐
- Has your child had asthma or wheezing? Yes ☐ No ☐
- Does your child have speech or hearing problems? Yes ☐ No ☐
- Has your child had more than two ear infections in one year? Yes ☐ No ☐
- Has your child had tonsillitis? Yes ☐ No ☐
- Does your child have trouble with the eyes or seeing? Yes ☐ No ☐
- Has your child had a bladder or kidney infection? Yes ☐ No ☐
- Has your child had burning or pain with urination? Yes ☐ No ☐
- Has your child had seizures, fits, or shaking spells? Yes ☐ No ☐
- Have you ever been told that your child has a heart murmur? Yes ☐ No ☐

## Explanation for Any Yes Answers Above

Please identify the question and provide details, including dates, treatment, current status, and any instructions for Nannie's Treehouse.

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## Medical History Continued

- Is your child able to play as hard as other children of the same age? Yes ☐ No ☐
- Has your child ever had a bumpy or swollen reaction to a TB skin test? Yes ☐ No ☐
- Has your child ever been in close contact with anyone who had tuberculosis (TB)? Yes ☐ No ☐
- Has your child ever had intestinal worms or parasites? Yes ☐ No ☐
- Does your child scratch the genital area, or has the bottom / genital area been red or sore? Yes ☐ No ☐
- Is your child a hemophiliac or free bleeder? Yes ☐ No ☐
- Is your child on a heart monitor? Yes ☐ No ☐
- Does your child have tubes in the ears? Yes ☐ No ☐

## General Development and Well Being

- Is your child in a special education class or specialized education program at school? Yes ☐ No ☐
- Does your child generally get along with other children? Yes ☐ No ☐
- Is your child usually happy? Yes ☐ No ☐
- Does your child have any special problems or concerns not identified elsewhere in this application? Yes ☐ No ☐
- When did your child last see a doctor? Month: \_\_\_\_\_ Year: \_\_\_\_\_

## Explanation / Additional Health Information

Provide details for any Yes answer, condition, limitation, treatment, or instruction that staff should know in order to care for your child safely.

# Child Development and Daily Routines

## Experiences With Others

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

Does your child play with children from other families? If yes, how and how often?

Does your child usually get his or her own way with other children? If not, how does your child react?

## Eating Habits

Usual breakfast time: \_\_\_\_\_

Usual dinner / main meal time: \_\_\_\_\_

Usual supper / evening meal time: \_\_\_\_\_

Between meal snacks? ☐ Yes ☐ No

Does your child feed themselves? ☐ Yes ☐ No

What is your child's general attitude toward eating?

If your child refuses to eat, how is this handled and by whom?

Favorite foods: \_\_\_\_\_

Disliked foods: \_\_\_\_\_

Foods your child is allergic to: \_\_\_\_\_

## Additional Information About Your Child

Share any other information you believe will help Nannie's Treehouse care for your child successfully.

# Sleep, Toilet, Speech and Physical Development

## Sleep Habits

Sleeping arrangement: ☐ Room alone ☐ Shares with other children ☐ Rooms with parent(s)

Night sleep from: \_\_\_\_\_ to: \_\_\_\_\_

Average hours: \_\_\_\_\_

Nap from: \_\_\_\_\_ to: \_\_\_\_\_

Average hours: \_\_\_\_\_

What is your child's attitude toward going to bed or nap?

If there is difficulty with sleep, how is it handled?

Describe habits or routines associated with going to bed.

Does your child wet the bed? ☐ Yes ☐ No At nap time? ☐ Yes ☐ No

At night? ☐ Yes ☐ No

If bedwetting occurs, how is it handled at home?

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## Toilet Habits

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Usual time child is taken to the bathroom: \_\_\_\_\_ Does child go independently? ☐ Yes ☐ No  
Usual time of bowel movement: \_\_\_\_\_ Regular? ☐ Yes ☐ No  
Constipated? ☐ Yes ☐ No Does child tell you when they need to use the toilet and go willingly? ☐ Yes ☐ No  
Can child manage clothing independently at the toilet? ☐ Yes ☐ No  
Word child uses for urinating: \_\_\_\_\_ Word child uses for bowel movement: \_\_\_\_\_

## Speech and Physical Growth

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How well does your child talk? ☐ Well ☐ Fairly well ☐ Not very well ☐ Not at all  
Does anyone read to your child? ☐ Yes ☐ No How regularly? \_\_\_\_\_  
Age child crept / scooted: \_\_\_\_\_ Age child crawled: \_\_\_\_\_ Age child walked: \_\_\_\_\_

**Describe your child using any terms that apply: active or quiet, thin / average / heavy, tall / average / short, friendly or reserved.**

# Permissions, Acknowledgements and Signatures

## Permissions

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- ☐ I give permission for my child to be photographed or video recorded for classroom use.
- ☐ I give permission for my child to participate in supervised walks and field trips.
- ☐ I authorize emergency medical treatment for my child if I cannot be reached.

*For each permission above, mark the box only if you grant permission. Unmarked items will be treated as permission not granted.*

## Licensing and Parent Handbook Acknowledgements

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- ☐ I acknowledge that I have received a summary of licensing requirements.
- ☐ I agree to follow all policies outlined in the Nannie's Treehouse Parent Handbook and understand that failure to comply may result in termination of enrollment.

## Parent / Guardian Certification

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I certify that the information provided in this application is complete and accurate to the best of my knowledge. I agree to notify Nannie's Treehouse when information affecting my child's care, health, emergency contacts, transportation plan, or authorized pick up persons changes.

Parent / Guardian printed name: \_\_\_\_\_  
Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Second Parent / Guardian signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_  
Director signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Director Use Only

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Weekly fee: \$ \_\_\_\_\_ Monthly fee: \$ \_\_\_\_\_  
Date child is enrolled: \_\_\_\_\_ Date child is withdrawn: \_\_\_\_\_  
Reason for withdrawal: \_\_\_\_\_