



Chittenango Child Care Center, Inc.

208 Tuscarora Road
Chittenango, NY 13037
Telephone: (315) 687-7962
Fax: (315) 687- 7652

www.chittennagochildcarecenter.com

PRE-SCHOOL APPLICATION FOR ENROLLMENT

Family and Social History

Name of Child _____ Date of Birth _____

Street Address _____ Home Phone _____

City _____ State _____ Zip _____

Mother (or Guardian) _____

Home Address (if different) _____

Father (or Guardian) _____

Home Address (if different) _____

Living Status of Parents: Living Together _____ Separated _____ Divorced _____

Stepfather _____ Stepmother _____

Custody/Visitation Arrangements _____

Brothers & Sisters of Child:

Name _____ Date of Birth _____ Grade in School _____

Name _____ Date of Birth _____ Grade in School _____

Name _____ Date of Birth _____ Grade in School _____

Name _____ Date of Birth _____ Grade in School _____

History of Child

Has your child been in childcare before? _____ Where? _____

Any eating problems? _____ Is your child on a special diet? _____

Does your child have any food allergies? _____

Other dietary restrictions _____

Is your child potty trained? _____ If not, are you actively working towards this? _____

Does your child have any special fears? Please specify: _____



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Does your child have any speech problems? _____

Does your child have any special needs we should know about? _____

How would you describe your child's personality? _____

Health History of Child

What illness has the child had? Please list the age at time of illness:

Chicken Pox _____ Scarlet Fever _____ Diabetes _____

Mumps _____ Measles _____ Hepatitis _____

Does your child have frequent: Please explain.

Colds _____ Tonsillitis _____

Nosebleeds _____ Diarrhea _____

Earaches _____ Stomachaches _____

Does your child vomit easily? _____

Does your child run high fevers easily? _____

Has your child had febrile seizures? _____

Has your child had any serious accidents/injuries? _____ Explain: _____

Does your child have any allergies? _____

How does the allergy manifest itself? Asthma _____ Hay Fever _____ Hives _____ Other _____

Has your child had his/her vision tested? _____ Date _____

Has your child had a hearing test? _____ Date _____

Any other information we should know? _____

How did you hear about Chittenango Child Care Center? _____

I affirm that all information furnished by me is true to the best of my knowledge and belief.

Signature _____ Date _____