

SMART STUFF LEARNING CENTER
3600 South Halsted Street
Chicago, Illinois 60609

Child Care Application

Child's Information

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Child's Last Name

Child's First Name

Child's Middle Initial

-	-	/	/	Female	Male
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Child's Social Security Number

Child's Date of Birth

Child's Gender (*Circle*)

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Child's Home Address

City

State

Zip

()	()	Married	Divorced	Separated
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Child's Home Phone

Child's Cell Phone

Parent's Martial Status (*Circle One*)

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Reason for Placement

Date of Entry

Mon	Tues	Wed	Thurs	Fri		AM / PM		AM / PM
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Days Child Will Attend (*Circle Days*)

Arrival Time

Pick Up Time

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List Names and Ages of Siblings (*If Any*)

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Has this child been in daycare before? List school/program

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List helpful/important information that we should know about your child

Physician's Information

YES or NO		
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Does your child have health insurance?

Health Insurance Provider

Policy Holder's Name

	()	YES or NO
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Name of Child's Physician

Physician's Phone Number

May we contact in an Emergency?

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Physician's Address

City

State

Zip

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List Child's Allergies (*If Any*)

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List Child's Current Medications and Prescription Numbers (*If Any*)

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Instructions on how to administer medication to child (*If Any*)

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List Child's Special Needs (*If Any*)

Mother's Information

			/ /
Mother's Last Name	Mother's First Name	Mother's Middle Initial	Mother's Date of Birth
Mother's Home Address		City	State Zip
()	()	()	
Mother's Home Phone	Mother's Cell Phone	Mother's Work Phone	
- -			
Mother's Social Security Number		Mother's Email Address	
			/ /
Mother's Employer		Job Title	Job Start Date
Mother's Employer's Address		City	State Zip
Mon Tues Wed Thurs Fri		AM / PM - AM / PM	
Mother's Work Schedule (<i>Circle Days</i>)		Mother's Working Hours	
Weekly Every 2 Weeks 2 per Month Monthly Other			
Employer Payment Schedule (<i>Circle One</i>)			Number of Worked Hours (<i>Per Week</i>)
Approximate time to arrive at Smart Stuff from Home?		Approximate time to arrive at Smart Stuff from Work?	

Father's Information

			/ /
Father's Last Name	Father's First Name	Father's Middle Initial	Father's Date of Birth
Father's Home Address		City	State Zip
()	()	()	
Father's Home Phone	Father's Cell Phone	Father's Work Phone	
- -			
Father's Social Security Number		Father's Email Address	
			/ /
Father's Employer		Job Title	Job Start Date
Father's Employer's Address		City	State Zip
Mon Tues Wed Thurs Fri		AM / PM - AM / PM	
Father's Work Schedule (<i>Circle Days</i>)		Father's Working Hours	
Weekly Every 2 Weeks 2 per Month Monthly Other			
Employer Payment Schedule (<i>Circle One</i>)			Number of Worked Hours (<i>Per Week</i>)
Approximate time to arrive at Smart Stuff from Home?		Approximate time to arrive at Smart Stuff from Work?	

Emergency Contact Information, other than parents (Must be able to pick up)

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#1 Contact Last Name

#1 Contact First Name

#1 Contact Relationship to Child

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#1 Contact Home Address

City

State

Zip

()	()	()
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#1 Contact Home Phone

#1 Contact Cell Phone

#1 Contact Work Phone

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#2 Contact Last Name

#2 Contact First Name

#2 Contact Relationship to Child

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#2 Contact Home Address

City

State

Zip

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#2 Contact Home Phone

#2 Contact Cell Phone

#2 Contact Work Phone

Authorized Pick Up Contact Information (Must be 18 or older and must have photo ID available at the time of pick up)

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#1 Authorized Last Name

#1 Authorized First Name

#1 Authorized Relationship to Child

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#1 Authorized Home Address

City

State

Zip

()	()	()
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#1 Authorized Home Phone

#1 Authorized Cell Phone

#1 Authorized Work Phone

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#2 Authorized Last Name

#2 Authorized First Name

#2 Authorized Relationship to Child

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#2 Authorized Home Address

City

State

Zip

()	()	()
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#2 Authorized Home Phone

#2 Authorized Cell Phone

#2 Authorized Work Phone

Persons NOT Authorized To Pick Up

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Name

Relationship to Child

Name

Relationship to Child

To my knowledge, all of the information I have given is correct. I have read and fully understand the Child Care Application of Smart Stuff Learning Center. I also state that I am the Parent/Legal Guardian of the above named child.
Please sign and return one copy and keep one copy for your records.

Parent/Legal Guardian Signature

Parent/Legal Guardian Print

Date

Child Survey

1.) Does your child have any behavioral or developmental issues?

2.) Do you foresee any challenges or difficulties for your child in the following areas: separation in the morning, naptime, or meal times?

3.) Describe your child's temperament. What makes them happy, upset, etc.?

4.) How do you comfort your child when they are upset? Does your child have any items they use for comfort such as a pacifier, blanket, toys, etc.?

5.) Describe your child's napping routine at home. How often do they nap and how long does the nap usually last? Does your child prefer to sleep on their back, stomach, or side?

6.) Does your child have any allergies, special diets, or health concerns that we should be aware of? If so, please list them.

7.) Are there any unique words or other languages your child uses that may be helpful for us to know so we may better understand them and support their emergent language skills?

8.) Is your child in the toilet training process? Does your child ask to go to the bathroom? Please describe any routines/ methods you use. Are there specific phrases/words you use?

9.) Please list any other helpful/important information you would like us to know about your child.
