



The Knowledge Garden Child Development Center

CHILD CARE APPLICATION FOR ENROLLMENT

Please print and fill out this application and return to 2115 Carondelet St. New Orleans, LA 70130

General Information:

Where did you hear about the Knowledge Garden Child Development Center?

- Radio, Television, Newspaper, Banner/Sign, Billboard, Brochure, Website, Person, Magazine, Other

Student Information:

Date of Birth: ___/___/___ Sex: ___
Date of Enrollment: ___
Social Security Number: ___

Full Name: ___ Last First Middle Preferred name

Child's Physical Address: ___

Race/Ethnicity: Caucasian African-American Asian/Pacific Islander
Native American Hispanic Multi-racial Other: ___

Known Disabilities: ___

My child requires specialized care/regular medical treatment: Yes No

Primary Hours of Care Needed: From ___ To ___

Days of the Week in Care (circle): M T W Th F Sa Su

Extended Care Needed (available 6:00PM-8:00PM)? No Yes

My child is currently enrolled in a child care program: No Yes (where?): ___

Family Information:

Child Lives With: ___

Mother's Name: ___ Father's Name: ___

Address: ___

Home Phone: ___

E-Mail: ___

Profession: ___

Employer: ___

Address: ___

Work Phone: ___/Cell: ___

Head of Household: Mother ___ Father ___ Both ___ Other (Please specify) ___

Other children in the immediate family:

Name: _____

Name: _____

Age: _____ Grade: _____

Age: _____ Grade: _____

School: _____

School: _____

Name: _____

Name: _____

Age: _____ Grade: _____

Age: _____ Grade: _____

School: _____

School: _____

Government Assistance:

Does your family receive government assistance?

Yes, either I or my family members currently receive at least one of the following services. (Check all that apply.)

Free or reduced lunch Public Housing Assistance Food Stamps Program

Childcare assistance TANF Medicare Other: _____

How long have you received these services? _____ years _____ months

No, neither I nor my family members currently receives any of the following services. (Skip to the next section.)

Household Income/Size:

Household means all person(s) who occupy a housing unit. The occupants may be single family, one person living alone, two or more families living together, or any group of related or unrelated person(s) who share living arrangement.

Please circle the number that most accurately describes your household size:

1 2 3 4 5 6 7 8 more than 8

Please check the box that most accurately describes your household *gross income*.

\$0-\$33,500 \$33,501-\$38,300 \$38,301-\$43,050 \$43,051-\$47,850 \$47,851-\$51,700

\$51,701-\$55,500 \$55,501-\$59,350 \$59,351-\$63,150 Over \$63,150

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____

Dentist: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Doctor: _____

Other: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Hospital Preference: _____

Insurance Carrier: _____

Policy Number: _____

If your child does not have insurance, would you be interested in information on obtaining a policy? Yes No

Does your child have any food allergies? Yes No

Does your child have any other allergies? Yes No

Does your child have any dietary restrictions? Yes No

Please explain any "yes" answer here: _____

Is your child currently taking any prescription medications? If so, which ones: _____

These medicines need to be administered while your child is at the Knowledge Garden? Yes No

Has your child had the following common childhood illnesses? (please circle)

- | | |
|---------------------------------|-------------------|
| My child has had problems with: | My child has had: |
| Constipation | Asthma |
| Convulsions | Bronchitis |
| Diarrhea | Chicken Pox |
| Fainting Spells | Diabetes |
| Frequent Colds | Heart Disease |
| Frequent Ear Infections | Hepatitis |
| Frequent Sore Throats | Impetigo |
| Lice | Measles |
| Ringworm | Mumps |
| Skin Rash | German Measles |
| Soiling | Polio |
| Stomach Upsets | Scarlet Fever |
| Urinary Problem | Tuberculosis |
| Worms | Whooping Cough |

Does your child have any speech, hearing or visual problems? If so, which? _____

Has your child been tested for the above in the past 6 months? No Yes (which?) _____

Other Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work Number	Home Number	Relationship

Helpful information:

What are your child's napping habits? _____

How would you describe your child's temperament? _____

How well is your child potty trained? _____

What is your normal method of discipline? _____

What are some of your child's favorite activities? _____

Does your child eat with: a spoon a fork their hands (Check all that apply.)

Does your child have any anxieties or fears? _____

What words does your child use to describe: the bathroom? _____ food? _____

Does your child have a security object, such as a blanket or stuffed animal? _____

What languages are spoken at home? _____

Other helpful information about your child:

Permissions:

Please check the following boxes to indicate that you give your consent.

I hereby give permission to Operation REACH, Inc. and the Knowledge Garden to use photos, audio recordings, and video recording of my child to represent both/either Operation REACH, Inc. and/or the Knowledge Garden.

I am aware that the Knowledge Garden may use video/recordings for observation and security purposes.

I give permission for center staff to apply the following topical products to my child whether center provided or parent provided: (circle) *sunscreen* *insect repellent* *diaper rash ointment*.

I give permission for Knowledge Garden staff to administer prescription medication in its original container as listed above under "Medical Information" and/or on the Medical Authorization Form. (Valid for one year only)

I give permission for my child to participate in water and other outdoor activities supervised by Knowledge Garden staff.

I have received and read the parent handbook.

Your signature below indicates that this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date