



PALS Preschool

Play and Learn Summer



Child's Application 2025

Full Name of Child: _____

Date of Admission: _____

Child's DOB: _____

Name the child goes by: _____

Child's Social Security # _____

Parent Social Security # _____

EBT Number _____

Email address _____

Parents/Custodial Parents:

Mother's Name: _____ Father's Name: _____

Home Address: _____ Home Address: _____

City State City State

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Employment: _____ Employment: _____

Work Address: _____ Work Address: _____

Work Phone: _____ Work Phone: _____

Transportation Plan:

Please list any other adults to whom your child may be released or are authorized to provide transportation for your child. (Please include name and phone numbers)

NAME	Relationship to Child	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Emergency Contact Information:

Name of person, other than the childcare provider, authorized to act for parent in an emergency:

_____ Relationship to child _____

Home Address: _____ Daytime Phone: _____

City State Zip

Work Phone: _____ Cell Phone: _____

Known Allergies, chronic medical conditions, or medical information _____

Physician Contact Information:

Name of Physician: _____ Phone: _____

Address: _____
City State Zip

Background Information:

Other Children in the Family	Date of Birth	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Experiences with Others, Child's Health & History – Updated annually or as needed to ensure the child's safety. .

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

Does he/she play with children from other families?

Does he/she react when he/she does not get his/her own way?

Is the entire family together for any time during the day? _____

Eating Habits:

At what time does the child eat breakfast? _____ Lunch? _____ Dinner? _____

Between-meal Snacks? _____ does the child feed himself/herself? _____

What is the child's general attitude toward eating?

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

Food Favorites: _____ Food Dislikes: _____

Food Allergies: _____

Sleep Habits:

Has own room: _____ Shares room with: _____ Other Children _____ Parents

At night sleeps from _____ to _____ Average Hours of Sleep per Night: _____

Naps from _____ to _____ Average Hours of Naps: _____

Attitude toward going to bed: _____

If there is difficulty, how is this handled? _____

Habits associated with going to bed? _____

Is bed wetting an issue? _____ At nap time? _____ At night? _____

If yes, how is the situation handled? _____

Toilet Habits:

Time at which child is taken to the bathroom? _____

Can the child take themselves? _____ Time of bowel movement? _____ Regular? _____

Constipated? _____ Does the child tell you when he/she needs to go and does he/she go willingly? _____

Can he/she manage his/her clothes at the toilet? _____

What words does he/she use for: Urinating: _____ BM _____

Speech and physical Growth:

The child talks: Well Fairly Well Not Very Well Not at All

Does anyone read to the child? _____ How regularly? _____ what age did the child creep? _____

Crawl? _____ Walk? _____ Which of the following words would you use to describe the child (check all that apply): active quiet thin average weight heavy tall average height short friendly unfriendly

Is there any other information you think we should have about the child? _____

Parent Declarations:

____ I received a copy of the Summary of Licensing Requirements. If I have questions, I may contact the center.

____ I give permission to photograph my child for the use of advertising or promotion in print/social media.

____ I received a copy of the PALS Preschool Handbook of policies and payment contract and I have the signed Policy Handbook verifying, by receipt my understanding and agreement of their content.

____ I do hereby authorize emergency medical care for my child.

____ I will be notified by 5:00 with Injury/Incident/Accident Report. Parents will be called immediately in the event of serious injury

____ I agree to allow Professional Services Personnel to work with my child while enrolled at PALS Preschool. (example Speech, Physical, and Occupational Therapy, etc.)

Pre-enrollment Visit Date: _____

Parent(s)/Guardian(s) Date

Parent(s)/Guardian(s) Date