

Date Received: _____

Start Date: _____

End Date: _____



Application for Entrance

Child Development Center

www.enmu.edu

Child's Information

Full name: _____

Preferred name: _____ Sex: Male Female Date of birth: _____

Home address: _____

Mailing address if different from above: _____

Primary language spoken at home: _____

Custody: Mother Father Both Other: _____

Child lives with: _____

Name & age of sibling(s): _____

Mother's Information

Name: _____ Date of birth: _____

Home address: _____

Business name & address: _____

Business phone: _____ Work schedule: _____

Home phone: _____ Cell phone: _____

E-mail: _____ Highest educational level: _____

Father's Information

Name: _____ Date of birth: _____

Home address: _____

Business name & address: _____

Business phone: _____ Work schedule: _____

Home phone: _____ Cell phone: _____

E-mail: _____ Highest educational level: _____

Release

The 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	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Social Relationships

How would you describe your child's temperament? _____

What previous experience does your child have with other children/early childhood programs?

How does your child react to strangers? _____

Describe your child's interest in playing with other children: _____

What is his/her favorite toys and activities? _____

What are his/her fears? _____

How do you comfort your child? _____

How do you discipline at home? _____

Describe your child's schedule on a typical day: _____

Developmental History

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

Describe any speech difficulties or concerns: _____

Special words to describe needs: _____

Eating Habits

Child eats with: hands: spoon: fork: other: _____

Special characteristics or difficulties: _____

Favorite foods: _____ Foods refused: _____

Describe any dietary concerns: _____

Toilet Habits

How does child indicate bathroom needs (include special words)? _____

Is child ever reluctant to use the bathroom? _____

Does child have accidents? _____

Sleeping Habits

Does your child nap during the day, if so, when and how long? _____

When does your child go to bed at night? _____ Get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking, etc.): _____

Health/Medical Information

Any known complication at birth? _____

Describe any serious illnesses and/or hospitalizations: _____

Describe special physical conditions, disabilities: _____

List allergies, i.e. asthma, hay fever, insect bites, food reactions, medicine: _____

Regular medications taken: _____

Permission to Contact & Transport

I hereby grant permission for the Child Development Center staff to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Phone: _____

Address: _____

Doctor: _____ Phone: _____

Address: _____

Hospital preference: _____

*Note, a copy of your child's up-to-date immunization record is required prior to enrollment.

Do you authorize the CDC staff to contact the university doctor or other medical facility if your family doctor can not be reached? Yes No

Do you authorize emergency medical transportation or treatment for your child? Yes No

Additional Information

What would you like your child to gain from his/her experience at the CDC?

Is there anything else you would like us to know about your child? _____

Lab School Schedule

Half Days, M-F, mornings only (pick up before 12:30)

Full Days, M-F, mornings & afternoon (pick up before 5:15)

Spring Semester Summer Semester Fall Semester

Statement of Accuracy

All information on this form is complete and accurate.

Parent's signature

Date

Please return this application to:

ENMU Child Development Center
1500 S. Ave. K
Portales, NM 88130