

Umniya Home Care Child Application Form

1. Child's Personal Information:

Name: _____
Nickname: _____
Date of Birth: _____
Home Telephone: _____
Home Address: _____

Date of anticipated enrollment: _____
Names of siblings who are applying: _____

2. Mother or Guardian's Information:

Name: _____
Address (if different) _____
Cell Phone: _____
Work Phone: _____
Work Address: _____
Employment: _____
Driver's License #: _____
Social Security #: _____

3. Father or Guardian's Information:

Name: _____
Address (if different) _____
Cell Phone: _____
Work Phone: _____
Work Address: _____
Employment: _____
Driver's License #: _____
Social Security #: _____

4. Besides telephone, how else the parents or guardians be reached? (cell/fax/pager/email)

5. If neither of the above listed parents or guardians can be reached in an emergency, call:

Name of Emergency Contact # 1: _____
Relationship to child: _____
Phone number: _____
Allowed to pick up child in case of emergency? (yes/no) _____

Name of Emergency Contact # 2: _____
Relationship to child: _____
Phone number: _____
Allowed to pick up child in case of emergency? (yes/no) _____

6. Individuals designated to drop off/ pick up your child:

Name: _____
Relationship to child: _____
Phone number: _____

Name: : _____
Relationship to child: _____
Phone number: _____

7. Individuals NOT permitted to drop off/ pick up your child:

Name: _____
Relationship to child: _____

8. Pediatrician Information:

Doctor Name: _____
Doctor Phone #: _____
Doctor's Address: _____
Hospital Preference: _____

9. Child's Medical Information:

a) List any medical conditions (asthma, seizures, diabetes, drug reaction, etc.)

1. _____ Treatment: _____
2. _____ Treatment: _____
3. _____ Treatment: _____

b) List any allergies (from most to least severe):

c)

1. Allergen & Reaction: _____ Treatment: _____
2. Allergen & Reaction: _____ Treatment: _____
3. Allergen & Reaction: _____ Treatment: _____

d) List any continuous medications administered to your child:

1. Name: _____ Dosage: _____
2. Name: _____ Dosage: _____
3. Name: _____ Dosage: _____

10. Child vaccinations (please check all vaccinations your child has received):

- | | |
|--|--|
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Pneumococcal Conjugate (PCV 13) |
| <input type="checkbox"/> Diarrhea, tetanus, pertussis (DTAP) | <input type="checkbox"/> Polysaccharide (PPSV 23) |
| <input type="checkbox"/> Haemophilus Influenza Type B (HIB) | <input type="checkbox"/> Measles, Mumps, Rubella (MMR) |
| <input type="checkbox"/> Inactivated Poliovirus (IPV) | <input type="checkbox"/> Varicella (Chicken Pox) |

11. Previous Medical History:

a) Check all illnesses your child has had in the past:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Measles | <input type="checkbox"/> German Measles | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Strep Throat |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Other (specify) | |

b) Has your child had contact with tuberculosis? Yes No

c) Does your child regularly visit the doctor? Yes No

d) What illnesses has your child had within the past month?

_____.

12. Eating Restrictions:

Foods the child is allergic to: _____.

_____.

Food prohibited for religious or spiritual reasons: _____.

_____.

All other foods not to be administered to child: _____.

_____.

13. Nap Information:

Child's typical nap schedule is from _____ to _____.

How does your child prefer to be put to sleep: _____.

_____.

Favorite blanket or stuffed animal: _____.

Other Relevant Information: _____.

_____.

14. General Interests, Habits, and Preferences:

Play habits: _____.

_____.

Favorite Music: _____.

Special needs or preferences: _____.

Additional Information: _____.

_____.

_____.

15. Previous Childcare Experience:

a) Which of the following types of childcare has your child experienced:

<input type="checkbox"/> Childcare Center	Duration: _____.
<input type="checkbox"/> Nanny/ Babysitter	Duration: _____.
<input type="checkbox"/> Relatives Care	Duration: _____.
<input type="checkbox"/> Other:	Duration: _____.

b) Reasons for leaving previous child care: _____.

c) Reasons for choosing Umniya Home Care: _____.

d) _____.

e) How long do you anticipate needing child services: _____.

16. Home Environment Information:

a) What type of guidance/ discipline do you use with your child: _____.

b) Have you child proofed your home: Yes No

18. State Required Medical Form:

For a child to participate in a licensed childcare facility, the state requires this application, which must be accompanied with a signed medical statement prior to admission into the home care. The medical statement should be renewed annually. **Failure to provide a medical form in compliance with this licensing requirement is a breach of contract and can result in immediate termination without notice.**

____ Parent or Guardian's Initials

____ Parent or Guardian's Initials

A complete copy of the Parent Handbook which includes policies and procedures of the child home care, will be given to the parents at the time of admission. Any updates of the policies and procedures will be shared with the parents as the changes are made.

Please sign below to verify that all information included in this application is accurate to the best of your knowledge.

Parent or Guardian's Name and Signature

Date

Parent or Guardian's Name and Signature

Date