

OCC Childcare Application

OCC Childcare Center

615 N. Main St. L'Anse MI 49946

Ph: 906-524-4847

Application Date: ____ / ____ / ____ Requested Enrollment Date: ____ / ____ / ____ Actual Enrollment Date: ____ / ____ / ____

Child's Name: _____

Birthdate: ____ / ____ / ____

Address: _____
street city zip

Name of School (if child attends): _____

For school-aged children, please check which is required: before school after School

Family Information:

Father/Guardian: _____ Home Phone: (_____) - ____ - ____

Home Address: _____
street city zip

E-mail address: _____ Cell Phone: (_____) - ____ - ____

Place of Employment: _____ Work Phone: (_____) - ____ - ____

Do you attend Ojibwa Community College? Yes No

If yes, please provide current college schedule.

Marital Status: Married Single Divorced

Mother/Guardian: _____ Home Phone: (_____) - ____ - ____

Home Address: _____
street city zip

E-mail address: _____ Cell Phone: (_____) - ____ - ____

Place of Employment: _____ Work Phone: (_____) - ____ - ____

Medical Information:

Please provide us with any information on your child's special needs (allergies, diets, disabilities or any other medical information) this information must be updated every six months. Please notify us immediately of any changes.

A signed prescription for medication must be on file with dosage instructions before we can give it to your child.

Doctor's signature: _____ Date: ___ / ___ / ___ Ph: (____) - ____ - ____

Dentist's signature: _____ Date: ___ / ___ / ___ Ph: (____) - ____ - ____

Emergency Contact Information:

The OCC Childcare Center will not release your child to anyone unless prior parent approval is given. Please make sure you update this form when changes occur. If your child is not picked up 30 minutes after center closes, Social Services will be notified.

It's in the best interest of the children that these precautions are taken.

Primary Contact:

Name: _____ Relationship to child: _____

Ph: (____) - ____ - ____ Cell: (____) - ____ - ____

Secondary Contact:

Name: _____ Relationship to child: _____

Ph: (____) - ____ - ____ Cell: (____) - ____ - ____

Tertiary Contact:

Name: _____ Relationship to child: _____

Ph: (____) - ____ - ____ Cell: (____) - ____ - ____

Do you have a restraining order? Yes No If yes, the Center **MUST** have a copy on file.

Please provide the following: Copy of child's immunizations record Copy of birth certificate

I hereby give consent in the case of an emergency for the OCC ChildCare Staff to call the ambulance or transport my child to the nearest emergency room for treatment if they cannot reach me.

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

I give the OCC ChildCare Center permission to take my child on local field trips and outings.

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

Program Coordinator: _____ Date: ___ / ___ / ___

All information provided on this form will remain confidential

The following documents must be on file for your child to attend OCC Childcare Center:

1. Certification of child's immunization
2. Copy of birth certificate
3. Any prescriptions for your child
4. Signed confidentiality agreement
5. Signed and completed application
6. Signed policy acknowledgement
7. Childcare schedule
8. Your College schedule
9. Physical evaluation of your child by a licensed physician

Child Introduction Form:

Please help me get to know your child. What are his/her routines, likes, dislikes etc.

Eating: _____

Sleeping: _____

Toileting: _____

Daily Activities: _____

Fears: _____

Likes: _____

Dislikes: _____

Habits: _____

Favorites: _____

Tell me a little about where your child is developmentally (special needs):

What other information should I know/be aware of to care for your child as an individual? Events at home often influence your child's behavior. I am better able to help your child when you inform me of situation and/or events that might influence his/her behavior such as:

Divorce

Separation from relative/friend

Death of a relative or friend

Knowing about these transitional times allows us to give special attention, understanding, and care. The information you give us will remain confidential. Let us know if anything recently in your child's life that might affect him/her.

GETTING TO KNOW YOUR INFANT

Please fill out this form for your child ages 0 to 18 months as it will help me get to know your child better.

Child's Name: _____

Child's Date of Birth: ____ / ____ / ____

Pre-Mature Birth

Full-Term

Child's Birth Weight: _____

Child's General Mood: Are they mostly happy, fussy, colicky?

Has child stayed with anyone else besides parents? yes no If so who? _____

what method do you use to feed your child? bottle breast-fed both If using both, when do you use bottle vs. breast?

How do you give bottle: room temp warmed cold

If you warm the bottle, what procedure do you use to warm bottle?

Does the child hold his or her own bottle? yes no

Is child on formula or milk? formula milk What kind of milk or formula do you use? _____

Is child on baby cereal? yes no What kind of baby cereal do you use? _____

Is child on strained or other baby foods? _____ List the varieties you use fruits, veggies etc.:

Food likes: _____

Food dislikes: _____

List amounts of food, types of food and times your child usually eats below:

Breakfast: _____

Lunch: _____

Snack: _____

Will your child have a bottle or breast fed before arriving? _____

Will your child need breakfast? _____

Does your child use a pacifier? yes no When? _____

Does your child need a special comfort item to sleep with? yes no if yes, what is it? _____

Does your child sleep through the night? yes no If no, how often do they wake & what do you do when they wake?

When does your child wake in the morning? _____ When does your child nap? morning Afternoon

Please list any other important information or special instructions on the care of your child:

Parent/Guardian Signature: _____

Relationship to Child: _____ Date: ____ / ____ / ____