

St. Martin's-In-The-Fields Episcopal Church Drop-In Nursery
Application Form for Enrollment (Revised October 2018)

Child's Full Name: _____ Name child goes by: _____

Date of Birth: _____ Age: _____ Sex (circle one): Male or Female

Parent's Name: _____

Home Address: _____ Zip Code: _____

Home Phone: _____ Email: _____

Father's occupation/place of employment: _____

Work phone #: _____ Cell phone #: _____

Mother's occupation/place of employment: _____

Work Phone #: _____ Cell phone #: _____

If both parents work outside the home, who cares for the child?

_____ Phone #s: _____

Pick-Up

Who will usually bring and pick up your child? _____

Other persons authorized to pick up your child:

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

Family Information

List others living in your home and their relationship to your child.

Personal Information

Has your child had a previous group or pre-school experience? _____

If so, where and when? _____

Is your child potty trained? _____

What words does your child use for toileting? _____

Does child have any bowel or bladder irregularities? _____

Are there any fears of which we should be aware? _____

Is there any special eating or drinking instructions? _____

Emergency Medical Information

Are there any medical problems of which we should be aware?

Please describe any medical, physical or developmental concerns that you have regarding your child:

List any medications or therapy that the child is receiving:

Has the child ever had a seizure? _____ If so, when? _____

Is he/she on medication for seizures? _____ If so, what? _____

Does the child have any allergies? _____
If so, list type, symptoms, and care for reactions: _____

Name of physician: _____ Phone #: _____

Preferred hospital: _____

Date of most recent physical exam: _____

Insurance Company: _____ Policy #: _____

Name of Insured: _____

Please give us any other information to help us know and understand your child. Such as new siblings, adoption (has he/she been told); recent experiences with death, separation or other happenings. This information is only for the purpose of understanding the child's feelings, responding to the child's questions and to support that family situation.

Signature: _____ Date: _____

**** PLEASE ATTACH CURRENT COPY OF THE CHILDS IMMUNATION RECORD ****