



CHILDMINDERS

_____ - _____
() ()

STUDENT'S CLASS SCHEDULE

MMM
 ____ / ____ / ____
 # _____

County: _____ Application Date: _____

Please write which term / year that you are registering for: _____

Child's Name: _____	Birth Date: _____	Child's Sex _____	Home Phone and Cell Phone: () _____ (H) () _____ (C)
Address: _____ _____ _____	Please indicate who has legal guardianship of this child: <input type="checkbox"/> Mother's Name: _____ <input type="checkbox"/> Father's Name: _____		

LCC ADULT STUDENT: _____
 (LAST) (FIRST) (ADDRESS) (CITY, STATE, ZIP)

LAKELAND'S IDENTIFICATION# _____

MOTHER _____
 (LAST) (FIRST) (ADDRESS) (CITY, STATE, ZIP)

FATHER: _____
 (LAST) (FIRST) (ADDRESS) (CITY, STATE, ZIP)

NOTE: STUDENT MUST REMAIN ON CAMPUS WHILE CHILD IS ENROLLED IN CHILD CARE CENTER.

DECLARED FIELD OF STUDY: _____

Parent's Class Schedule

Day (M, T, W, R, F)	Start Time	End Time	Room Number	Class	Instructor	Credit Hours

Cashier Office Signature / Date

 Fee Pd: _____

Class Schedule Verified
 By: _____
 Date: _____

Child's Name _____ **Birthday** _____
Last First Month Day Year

Personal History

Type of birth: normal premature; any complications? _____
Does the child: crawl? walk? Has the child begun talking? Yes No
Does the child speak: words? sentences?
What language English Other _____

Health

What communicable diseases has you child had? Measles (red) Measles (3 day)
 Mumps Chicken Pox Whooping Cough Other _____
Any serious illness or hospitalization? No Yes Explain: _____
Is the child **allergic** to any **medications**? No Yes List: _____
Is the child **allergic** to any **foods**? No Yes List: _____
Are there any **other allergies**? No Yes List: _____
Has your child received any **support/special services or therapies**? No Yes List: _____
Are there **medications given regularly**? No Yes List: _____

Toilet Habits Is your child: toilet trained in diapers?

Sleeping Habits

What time does your child go to bed? _____ Awaken? _____
What is the child's mood on awakening? _____
Does you child nap: in the morning? in the afternoon?
Give your child's nap schedule _____

Social Relationships

Does the child spend time with both parents? Yes No
If the parents are separated, how often does your child see the absent parent? _____
Is there a current legal document concerning custody? Yes No

****STATE LAW** PLEASE BE ADVISED...In order for a child NOT to be released to a non-custodial parent, we must have a copy of the court order in our files. Campus Police needs to be aware of any potential serious situation. If we need to call them, they will already know about the situation.**

Name of all persons in the home: _____	Age: _____	Age _____
_____	Age: _____	Age _____
_____	Age: _____	Age _____

Has your child had experiences in playing with other children? Yes No
Does your child attend another school? Yes No
If so, where? _____ Days & Hours? _____
By nature is your child: friendly? aggressive? shy? withdrawn?
Do you feel your child adjusts easily to a childcare situation? Yes No
Does your child enjoy being alone? Yes No
How does your child relate to strangers? _____
What makes your child angry or upset? _____
How does your child show his/her feelings? _____
Who does most of the disciplining? _____
What do you find is the best way of handling your child? _____
Is your child frightened by any of the following: animals? dark? storms? loud noises?
Other _____
Have there been any notable changes in your child's life in the last six months? No Yes
Explain: _____
Are you or your family having any problems that might affect your child? No Yes
Explain: _____
Is there anything else that you would like us to know about your child? No Yes
Explain: _____