

Philadelphia Baptist
Child Development Center
Childs Admission Information

Child's full name: _____

Name child is known by: _____

Address: _____

Telephone: _____

Date of birth: _____ Age: _____

Parent or Guardian: _____

Employer (mother) _____ telephone: _____

Cell: _____ Pager: _____

E-mail address: _____

Employer (father) _____ telephone: _____

Cell: _____ Pager: _____

E-mail address: _____

Emergency numbers when the parents cannot be reached.

1 Name: _____ relationship: _____

Telephone: _____ cell: _____

2 Name: _____ relationship: _____

Telephone: _____ cell: _____

3 Name: _____ relationship: _____

Telephone: _____ cell: _____

Child may be released to:

1 Name: _____ relationship: _____

2 Name: _____ relationship: _____

3 Name: _____ relationship: _____

4 Name: _____ relationship: _____

Childs Doctor: _____ telephone: _____

Information Sheet

Mother's Name: _____ occupation: _____

Church Member: _yes ___no Where? _____

How often do you attend? _____

Father's Name: _____ occupation: _____

Church Member: _yes ___no Where? _____

How often do you attend? _____

Does your child attend Church regularly? _____

Are both parents living together? _____ Divorced? _____

Who is child living with? _____

Other children in family (name and ages): _____

Discipline:

How is child disciplined? _____

Is child rewarded for good behavior? _____

Who is responsible for discipline? _____

Is child allowed to make choices? _____

Does child help around the house? _Doing what? _____

Dressing and Restroom

What areas does child need help? _____

Does child tell an adult when needing to potty? _____

If so, what? _____

Can child manage completely in bathroom alone? _____

Does your child have any allergies? _____ What: _____

How does it manifest itself? _____

List any fears your child may have... _____

Individual Transportation/Arrival/Departure Plan
For Children Transported to Center by

Parents, Guardians or Other Designated Individuals

I, _____ (parent/guardian's) or a person authorized by me will bring _____ (child's name) to Philadelphia Baptist CDC at _____ (approx. time) each day.

I or an authorized person will accompany my child into the center and into the care of his/her teacher.

I, or a person authorized by me will pick up my child each day at _____ (approx. time). I understand that the authorized person or I must sign my child out each day upon his/her departure from the center. I further understand that my child will not be released to anyone other than person(s) whom I have authorized in writing to receive my child.

Parental Authorization for Emergency Medical Treatment

Should my child, _____ (child's name) become ill during the time that he/she is in the care of Philadelphia Baptist CDC or suffer an accident of any character, the center shall undertake to contact me immediately. In the event the center is unable to reach me immediately, it shall be authorized to secure such medical attention and care for my child as may be necessary.

Signed _____ Date _____