



Hosanna-Tabor Early Childhood Center

9600 Leverage, Redford, Michigan 48239

Office: 313-937-2424 313-937-2233

Fax: 313-937-2173

Application for Admission Hosanna-Tabor Lutheran Day Care

Name of child _____ D.O.B. _____

Name of mother _____ Home phone _____

Name of father _____

Address _____

Email Address _____

Mother's place of work _____ work phone _____

Father's place of work _____ work phone _____

Does your child have any vision/hearing problems? If yes, explain _____

Does your child live with both natural parents? If no, explain _____

Child's home congregation _____

Pastor _____ Church phone _____

Is child baptized? Yes _____ No _____

Items needed for enrollment:

_____ \$100 registration fee

_____ Immunization record

_____ Birth certificate

_____ Emergency card

_____ Health appraisal

_____ Signature page of handbook

_____ Signed child care contract

_____ \$50 supply fee (annual)

Registration/Family and Social History

Siblings: list name and ages:

1. _____

2. _____

3. _____

Has your child had any other day care/ play group experience? If yes, please

explain. _____

What are your child's favorite outdoor activities? _____

What are your child's favorite indoor activities? _____

How would you describe your child's personality? _____

Is your child toilet trained? _____ Usual time for B.M. _____

Word child uses for urination _____ B.M. _____

Other words your child uses that a caregiver should know of: _____

Does your child have any diet restrictions? _____

Does your child have any fears? _____

Any other problems we should be aware of? _____

Registration/Health History

Does your child have frequent:

_____ Colds

_____ Stomachaches

_____ Earaches/infections

_____ Sore throats

_____ Vomiting

_____ High fevers

_____ Loose bowel movements

Any other past illnesses we should know about? _____

Any past hospitalizations? _____

Does your child have allergies? _____

How does the allergy show itself? _____

Is your child on any medications? _____

Are there any activities your child cannot participate in because of health? _____

How is your child's overall health? _____

What are your child's napping habits? _____

How do you comfort your child? _____

Any other habits of eating, toileting or communication that you could tell us about:

Contract for Enrollment

I, _____ am enrolling my son/daughter in the Hosanna Tabor Lutheran Day Care. My child will attend on the days and approximate Times listed. A request to change must be made in writing and approved by the Director.

	Arrival time	Departure time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Signed _____ Date _____

Relationship to child _____

Use of sunscreens/repellants

According to state regulations, Hosanna-Tabor Lutheran Day Care needs permission to apply sunscreens and insect repellent.

I request that the Hosanna-Tabor Lutheran Day Care apply sunscreen and insect repellent (which I provide) when needed, to my child _____

Signed _____ Date _____

Activity and Emergency Consent

I hereby grant permission for my child to use all the play equipment and participate in all the activities of Hosanna-Tabor Lutheran Day Care. This applies to everyday that Hosanna-Tabor Lutheran Day Care cares for my child, including picnics, walks, and any other activities.

I hereby grant permission for the Director or Acting Director to take steps needed in a medical emergency for my child. This may include: 1. calling the parent, 2. calling the child's doctor, 3. calling anyone else on the child's emergency form.

If all these attempts are unsuccessful, and the Director or Acting Director deems necessary, they will call 911.

If I need Hosanna-Tabor Lutheran Day Care to give medication to my child, I will complete a medication authorization form.

All of the above arrangements are in effect as long as my child is enrolled at Hosanna-Tabor Lutheran Day Care.

Child's Name _____

Signature of parent/guardian _____

Date _____