



**Aunt Nancy's
Child Care**

Lincoln Way Central Center
1801 E. Lincoln Highway
New Lenox, Illinois 60451
815-462-2923

Lincoln Way East Center
201 Colorado Ave.
Frankfort, Illinois 60423
815-464-4285

Lincoln Way West Center
21701 Gougar Road
New Lenox, Illinois 60451
815-717-3748

General Admission Form

Date of Admission: _____ Date of Discharge: _____

Child's Name: _____ Birth Date: _____

Child's Gender: _____

Child's Address: _____

Home Phone: _____ Marital Status: _____

Mother's Name: _____

Mother's Home Address _____ City: _____ State _____

Mother's Home Phone: _____

Father's Name: _____

Father's Home Address: _____ City: _____ State _____

Father's Home Phone: _____

Mother's Information

Father's Information

Work Name: _____ Work Name: _____

Work Address: _____ Work Address: _____

Work Phone: _____ Work Phone: _____

Pager/Cell# _____ Pager/Cell # _____

Work Hours: _____ Work Hours: _____

Email: _____ Email: _____

Approximate Schedule of Hours of Care Needed for your Child:

Who else may be notified in case of emergency?

Name: _____

Address: _____

Phone: _____ Cell # _____

Relationship to Child: _____

Name: _____

Address: _____

Phone: _____ Cell # _____

Relationship to Child: _____

Child's Doctor: _____

Or: Christian Science Practitioner: _____

Address: _____

Phone: _____

May we contact him/her in case of an emergency? _____

Medical Insurance Information

Name of Company: _____

Member #/Plan #: _____

Persons authorized to pick up my child other than Parent:

#1

Name: _____ Relationship to Child: _____
Address: _____ City _____ St _____
Phone: _____

#2

Name: _____ Relationship to Child: _____
Address: _____ City _____ St _____
Phone: _____

#3

Name: _____ Relationship to Child: _____
Address: _____ City _____ St _____
Phone: _____

Signature of Parent/Guardian _____

Date _____

Child Development Information

Household Members:

Name: _____ Relationship _____ Age _____

Name: _____ Relationship _____ Age _____

Name: _____ Relationship _____ Age _____

Name: _____ Relationship _____ Age _____

Name: _____ Relationship _____ Age _____

Name: _____ Relationship _____ Age _____

Pets: _____

Favorite toy: _____ Activity _____

What opportunities does your child have to play with other children? Same age or other?

Eating Habits:

What kind of an eater is your child? Good _____ Fair _____ Poor _____

Are there any foods your child does not like?

Are there any difficulties with eating? _____

Does your child have any food restrictions that will need a doctor's note? _____

Sleeping Habits:

Child's usual bedtime? _____ A.M. wake up time? _____

Does your child nap? _____ When? _____ How long? _____

What is the child's routine in preparing for rest? _____

Does your child have nightmares? _____

Dressing:

Does your child need help with: pants _____ shirt/dress _____ socks _____

Shoes _____ coats _____ mittens _____ boots _____ tying _____

Zippering _____ buttoning _____ N/A _____ I have an infant/toddler

Fears:

Is child afraid of: storms _____ dark _____ animals _____

Bathroom _____ Being alone _____ Loud Noises _____

Others please list _____

Health:

Is your child allergic to anything? _____

(Please also specify on allergy form)

Does your child take medication regularly ? _____

Does your child have any identified/diagnosed health issues or special needs? _____

(Please be specific and attach any literature that might be helpful)

Do you feel your child will need any special help in these areas; Hearing _____

Vision _____ or Speech _____

Restroom Habits:

Is your child toilet trained? _____ In process of training? _____

At bedtime? _____

Does your child use the bathroom facilities by themselves? _____

Tells an adult? _____ Needs reminding? _____

What words does your child use to indicate restroom? _____

Other:

Are there any special circumstances in the family which may be a factor in your child's behavior at school (illness, death, separation, new baby, recent move, etc)? _____

Do you have any concerns about your child? _____

General Comments: (Likes, dislikes, etc.): Anything else that would help us know your child better? _____
