



**GUILFORD CENTER FOR CHILDREN, INC.
DAY CARE CENTER**

ENROLLMENT APPLICATION

Application Date: _____

Desired Enrollment Date: _____

** Priority is given to those children enrolling for full-time care (5 days a week). We no longer offer a 4-day week.*

PLEASE CIRCLE THE DAYS YOU NEED CARE:

M Tu W Th F

Full Name of Child: _____ Nickname: _____

Date of Birth: _____ City of Birth: _____

Address of Child: _____ Home Telephone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

The child lives with: Both Parents Mother Father Other _____
(please specify)

For what reason does your child need day care?

The child lives with one parent and that parent is working.

The child lives with both parents and both parents are working.

The child lives with adults other than parents and those adults are working.

The child has been referred for service by the following agency or department: _____

Signature of Parent or Guardian: _____



FAMILY INFORMATION

Mother's Name: _____

Address and telephone if different from child's: _____

Email address (to receive daily emails from day care): _____

Mother's Employer: _____

Employer Street Address: _____ State: _____

Employer Phone Number: _____

Father's Name: _____

Address and telephone if different from child's: _____

Email address (to receive daily emails from day care): _____

Father's Employer: _____

Employer Street Address: _____ State: _____

Employer Phone Number: _____

Names and ages of brothers/sisters who live with the child: _____

Names and ages of brothers/sisters who live outside the home: _____



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Name of any other people living in the home and their relationship to the child: _____

Name of Child's Pediatrician: _____

Telephone of Pediatrician: _____

Health Insurance Provider: _____ ID #: _____

GENERAL INFORMATION

In order for our staff to provide a comfortable setting for your child, it is helpful if we know some background information. We would appreciate it if you would share the following information:

Which language is your primary language at home? _____

Has your child previously attended nursery school, home day care, or another day care center?

Yes No If so, at what age? _____

Please note any difficulties your child had adjusting to his/her former nursery school/day care: _____

What did your child enjoy the most about this experience? _____

What did your child enjoy the least about this experience? _____

Is your child afraid of anything and if so, what? _____



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How do you comfort your child? _____

How does your child react to stressful situations? _____

What is your child's favorite indoor activity? _____

outdoor activity? _____

Does your child have any other children to play with at or near home? Yes No

If so, how does he/she relate to other children? _____

Please list any pets you have in your home: _____

Your child MUST BE INDEPENDENT about his/her toileting needs in order to attend the Center. Is your child toilet trained? Yes No

Did you have any particular difficulty with toilet training? Yes No

Is your child used to having a nap? Yes No

If yes, how long is the nap? _____

What time does your child go to bed in the evening? _____

How much television does your child watch each day? _____

Please list your child's favorite program(s): _____



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Have you encountered any particular discipline problems? Yes No

If Yes, please explain: _____

How is discipline handled at home and what do you think works best with him/her? _____

If the child's parents are separated, divorced, or not living together at this time, how would you describe the present relationship between the parents? _____

Does the child have regular contact with the parent not currently living in the child's home?

Yes No If No, please explain: _____

MEDICAL INFORMATION

Please list any physical limitations: _____

Please list any allergies: _____

Please list any chronic conditions: _____

Has your child ever been hospitalized for a serious medical condition? Yes No

If so, for what reason and at what age? _____



OTHER INFORMATION

Please use this space to share any other information you think it would be helpful for us to know.

SLIDING FEE SCALE ELIGIBILITY

Our Center provides a Sliding Scale for those families who qualify because of income and family size.

If your family income is less than 75% of the State Median Income, you are eligible for the sliding fee scale. At the current time, these figures are:

<u>Family Size</u>	<u>GROSS Income must be less than</u>
2 or 3	\$58,089
4	\$69,154
5	\$80,128
6	\$91,283
7	\$93,358
8	\$95,432
9	\$97,507
10	\$99,581

You must include income from jobs, whether you are self-employed or employed by another entity. You must also include alimony, worker's compensation, unemployment (if you are between jobs), TFA, but **NOT** child support.

Please check one of the choices below:

- I believe I am eligible for the sliding fee scale.
- I am not eligible for the sliding fee scale.

Families on the sliding fee scale must document their income with 4 weeks worth of pay stubs and/or a self-employment worksheet you must have notarized, copies of unemployment or worker compensation checks, copies of notification (re: TFA, etc.). This documentation does not need to be submitted with this application. You will be asked to bring it with you when you come in to complete the enrollment process.