



# Near the Pier *Development Center*

540 North Lake Shore Drive  
Chicago, Illinois 60611

Phone: **312-527-ABCD**

## APPLICATION FOR ADMISSIONS

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Termination Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Termination Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Application Checklist:

Tour of Facility \_\_\_\_

Fund-Raiser \_\_\_\_

Rules and Regulations \_\_\_\_

Payment Schedule \_\_\_\_

Medical/Safety Policy \_\_\_\_

Holiday Schedule \_\_\_\_

Nutritional Plan \_\_\_\_

Curriculum \_\_\_\_

Outdoor Play \_\_\_\_

Orientation By: \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

### SIBLINGS:

1. \_\_\_\_\_ Age: \_\_\_\_\_

2. \_\_\_\_\_ Age: \_\_\_\_\_

3. \_\_\_\_\_ Age: \_\_\_\_\_

Family Address: \_\_\_\_\_  
(STREET, CITY, STATE, ZIP CODE)

How long at this address: \_\_\_\_\_ (YEARS) Previous Address: \_\_\_\_\_

Family Home Phone: (\_\_\_\_) \_\_\_\_\_

***Mother's Business:***

\_\_\_\_\_  
(ADDRESS) (PHONE)

***Father's Business:***

\_\_\_\_\_  
(ADDRESS) (PHONE)

**Medical Information**

Family Doctor: \_\_\_\_\_ Clinic: \_\_\_\_\_  
(NAME, ADDRESS, PHONE)

Hospital Insurance Company: \_\_\_\_\_  
(NAME) (STREET, CITY, STATE, ZIP CODE)

\_\_\_\_\_  
(POLICY NUMBER)

**Emergency Information**

***Individual, other than parent, to be called in case of emergency:***

\_\_\_\_\_  
(NAME) (ADDRESS) (TELEPHONE #)

\_\_\_\_\_  
(NAME) (ADDRESS) (TELEPHONE #)

\_\_\_\_\_  
(NAME) (ADDRESS) (TELEPHONE #)

***The following individuals are authorized to pick up my child from the Center:***

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

I give the staff of *Near The Pier Development Center* the right to take my child to the nearest hospital in case of emergency.

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Signature of Parent

I give the staff of *Near The Pier Development Center* the right to take my child on walks and to the park throughout the course of the day.

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Signature of Parent

### Child's History

Child's age and sex: \_\_\_\_\_

Nickname, if any: \_\_\_\_\_

Is child toilet trained, if not, what is the stage of progress? \_\_\_\_\_

\_\_\_\_\_

Is child living with both parents, just one, or a legal guardian? \_\_\_\_\_

Is child adopted? \_\_\_\_\_ If so, at what age? \_\_\_\_\_ Do parents plan to tell child of the adoption?

\_\_\_\_\_

\_\_\_\_\_

Comment on child's appetite and food interest.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is child allergic to any foods or drinks?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have medical alerts that the center needs to be made aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe child's specific interests in toys, music, playmates, books, pets, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a particular learning style your child has exhibited (i.e., spatial, musical, literary, dramatic)?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share with us anything you are particularly proud or excited about that your child can do. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Mother (Guardian)*

\_\_\_\_\_  
*Signature of Father (Guardian)*

\_\_\_\_\_  
(SOCIAL SECURITY NUMBER)

\_\_\_\_\_  
(SOCIAL SECURITY NUMBER)

\_\_\_\_\_  
(DRIVER'S LICENSE NUMBER)

\_\_\_\_\_  
(DRIVER'S LICENSE NUMBER)

Thank you for registering your child at  
**Near The Pier Development Center**

*Be sure to get your copy of the  
Development Center's Handbook!*