



WEST AUSTIN *Development Center*

4920 West Madison Avenue

Chicago, Illinois 60644

Phone: **773-261-ABCD**

APPLICATION FOR ADMISSIONS

Start Date: ____ / ____ / ____

Start Date: ____ / ____ / ____

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.

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.

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)

(SOCIAL SECURITY NUMBER)

(DRIVER'S LICENSE NUMBER)

Signature of Father (Guardian)

(SOCIAL SECURITY 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!*