

APPLICATION FORM

CHILD INFORMATION:

NAME: _____ MI: _____ DOB: _____

NICKNAME: _____ SEX: ☐ MALE ☐ FEMALE ☐ OTHER

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARENT(S)/GUARDIAN(S) INFORMATION:

NAME: _____ PREF. CONTACT: ☐ CELL ☐ HOME ☐ WORK

EMAIL ADDRESS: _____

PHONE NUMBERS:

CELL	()	ext.
HOME	()	ext.
WORK	()	ext.

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARENT(S)/GUARDIAN(S) INFORMATION:

NAME: _____ PREF. CONTACT: ☐ CELL ☐ HOME ☐ WORK

EMAIL ADDRESS: _____

PHONE NUMBERS:

CELL	()	ext.
HOME	()	ext.
WORK	()	ext.

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PROGRAM OF INTEREST:

☐ BIZZY BABIES (6 WEEKS - 18 MONTHS) **IF CHILD IS POTTY TRAINED SELECT BIZZY BEES**

☐ BIZZY BEES (18 MONTHS - 3 YEARS)

☐ BIZZY BEARS (4 YEARS - 5 YEARS)

In rare cases your child may be placed in a different class between Bizzy Bees or Bizzy Bears depending on maturity and/or capabilities.

MEDICAL INFORMATION:

ALLERGIES/CONDITIONS/DISABILITIES: _____

Get To Know My Child

Application Form

Please email the completed form to BizzyBuddyLLC2@gmail.com or bring it to orientation.

Child's Name: _____ Nickname: _____

Pronouns: _____ Date of Birth: _____

Age: _____

What days will your child be attending?

- ☐ Monday-Friday (Full-Time) \$315 PER WEEK
- ☐ Monday, Wednesday, and Friday (Part-Time) \$275 PER WEEK
- ☐ Tuesday and Thursday (Part-Time) \$255 PER WEEK

When are you looking to start care?

What's your child's favorite activity?

What's your child's favorite food(s)?

What are some of your child's strengths?

What are 3 goals for your student?

1. _____
2. _____
3. _____

Does your child nap?

- ☐ Yes
- ☐ No
- ☐ Sometimes

How long?

Have they ever been away from you?

- ☐ Yes
- ☐ No

Have they ever been enrolled in school?

- ☐ Yes
- ☐ No

Do they separate from you easily?

- ☐ Yes
- ☐ No

Are they Potty trained?

- ☐ Yes
- ☐ No

Do they need to be told/reminded to use the bathroom?

- ☐ Yes
- ☐ No
- ☐ Sometimes

Does your child use a pacifier?

- ☐ Yes
- ☐ No

What are your child's fears?

How do you comfort your child when they are upset?

Who does the child live with at home? Include all household members. (e.g. Mom, dad, brother, aunt, grandma, etc.)

What language(s) does your child speak?

Any concerning behaviors/special accommodations needed?

Any other information you would like the provider to know?
