



Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Skagway Child Care Council  
DBA Little Dippers Learning Center  
PO Box 419, Skagway, Alaska 99840  
(907) 983-2785

## APPLICATION FOR LITTLE DIPPERS LEARNING CENTER

Date of Enrollment: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
                    First                                      Middle                                      Last

Skagway Physical Address: \_\_\_\_\_

Local Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent #1 Contact Information	Parent #2 Contact Information
Name: _____	Name: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

Winter Contact Address: \_\_\_\_\_

Winter Contact Phone Number: \_\_\_\_\_

**In case of emergency or illness and the parent/guardian above, Little Dippers may contact:**

Emergency Contacts	Relationship	Phone #
1.		
2.		
3.		

## HISTORY OF CHILD

### PHYSICAL HEALTH

Are there any past or present health conditions of which Little Dippers should be made aware?  
(Asthma, allergies, headaches, seizures, indigestion, etc.)

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List any dietary restrictions or requirements for your child: \_\_\_\_\_

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List/describe any other information about your child's physical health (if necessary): \_\_\_\_\_

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### DEVELOPMENTAL CHALLENGES/CONCERNS

Please check those which apply to your child.

\_\_\_\_ Difficulty hearing      \_\_\_\_ Difficulty seeing      \_\_\_\_ Difficulty walking, running or moving

\_\_\_\_ Difficulty with talking  
or making sounds      \_\_\_\_ Difficulty using his/her hands (such as puzzles, building with blocks,  
drawing, grasping)

If you checked any, please explain: \_\_\_\_\_

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### DAILY LIVING

What are your child's regular eating habits? When are their snacks and meals?

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How does your child indicate bathroom needs?

Word for urination: \_\_\_\_\_ Word for bowel movement: \_\_\_\_\_

Special words for body parts: \_\_\_\_\_

Please describe any bathroom patterns or potty training practices relevant for the Little Dippers Staff.  
(Bowel movement patterns, use of diapers, toileting equipment)

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What are your child's regular sleeping patterns? Awakens: \_\_\_\_\_ Naps: \_\_\_\_\_ Bedtime: \_\_\_\_\_

What help does your child need to get dressed? \_\_\_\_\_

How many hours per day does your child watch TV, videos, or play video games? \_\_\_\_\_

**SOCIAL/EMOTIONAL/PLAY**

What does your child enjoy doing most? \_\_\_\_\_

What are your child's favorite toys? \_\_\_\_\_

What age are your child's most frequent playmates? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

What is the best way to discipline your child? \_\_\_\_\_

What is the best what to comfort your child? \_\_\_\_\_

Does your child use a special comforting item? \_\_\_\_\_

Describe any fears your child may have (Animals, loud noises, dark, storms, etc.): \_\_\_\_\_

\_\_\_\_\_

Does your child have any special interests? \_\_\_\_\_

Anything else you care to share with us:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date