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**    Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Parent #2 Contact Information**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work 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.)





List any dietary restrictions or requirements for your child: 



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



**DEVELOPMENTAL CHALLENGES/CONCERNS**

Please check those which apply to your child.

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

\_\_\_\_ Difficulty with talking \_\_\_\_ Difficulty using his/her hands (such as puzzles, building with blocks,

or making sounds drawing, grasping)

If you checked any, please explain:



**DAILY LIVING**

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



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)



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 way 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