



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.)

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
or making sounds ____ Difficulty using his/her hands (such as puzzles, building with blocks,
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