



Joliet Township High School District 204 Infant Childcare Program Application

Joliet Township High School Career and Technical Education Programs do not discriminate on the basis of race, color, national origin, gender, disability, or age.

To be completed by program director:

Admittance Date: _____ Dismissal Date: _____

APPLICATION TO BE COMPLETED BY TEEN PARENT RESPONSIBLE FOR THE CHILD WHILE HE/SHE IS IN CHILDCARE:
If you do not know all of the information because the child is not born yet, just fill in what you know.

School I.D. Number: _____.

Student's Name: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Cell: _____ Birth date: _____

Year in School: Senior Junior Sophomore Freshman

Current number of credits: _____ Counselor: _____ Dean: _____

Have you ever withdrawn from school during the school year?: YES NO

If yes, why?: _____

If the child is not born yet:

Expected date of delivery: _____.

Is the mother receiving prenatal care?: YES NO

If the child is already born:

Child's name: _____ Birth date: _____

Was your child born (circle) ON BEFORE or AFTER your due date?

Sex: Male Female Who currently cares for your baby?: _____

Who will provide transportation to and from school for you and your baby?: _____

Name of your parent or guardian: _____

Signature of student: _____ Date: _____

Please return this form to:
 Debrah Clark, Director
 JT Central Little Theater, Lower Level
 201 E. Jefferson
 Joliet, IL 60432
 (815) 727-6978
dclark@jths.org

INFANT CHILDCARE CENTER APPLICATION FAMILY HISTORY:

ABOUT YOU, THE PARENT:

Are you your child's (circle): MOTHER FATHER

Name: _____ Age at the birth of your child: _____

Place of employment: _____ Hours per week: _____

Who takes care of your baby while you work? _____

Plans after high school: _____

What career do you wish to go into: _____

Marital Status: Single Married

If married, spouses name: _____

Describe your health: Good Fair Poor

Explain any special health problems: _____

Please list the names of all the people who live with you AND your child:		
NAME	Relationship to child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Please list the types and names of any pets that live with your child:		
TYPE	NAME	
_____	_____	
_____	_____	

Please list any ways your family varies from others i.e. foster or stepparents, handicaps, extended illnesses; etc.: _____

Are there any special problems at home? Please describe: _____

Are you, or is the other parent, receiving any of the following assistance (Circle):				
TANF	WIC	Healthy Families	LINK card	TPS
Social Security	Child Support	Medical card: Self	baby	
What services would you like more information about?: _____				

ABOUT YOUR CHILD: Infant Childcare Program Application

Child's name: _____ **Nickname:** _____ **Birth date:** _____

Sex (circle): MALE FEMALE **Birth weight:** _____ **Length:** _____

Name, telephone and address of your child's doctor:

Name: _____ **Telephone:** _____ **Address:** _____

Type of delivery: Vaginal Caesarian **How many days was the child in the hospital?:** _____

Briefly describe the delivery experience: _____

Were there any complications, if yes, describe: _____

Does your child have any allergies?: YES NO **If yes, list them:** _____

Does your child have (circle) Asthma/respiratory problems earaches

Please list any other medical/health problems your child has: _____

Please list any/all medications your child is on: _____

Has your child seen a dentist: YES NO **If yes, who is the dentist?** _____

Does your child have siblings?: YES NO **If yes, how many?:** _____ **How old?:** _____

About your child's father/mother (your child's other parent):

(NOTE: If you do not want your child's other parent to be able to access your child while he/she is in childcare, you will need to supply an order of protection so that a copy can be kept on file. If the childcare center does not have legal proof to keep the child from the other parent, we must allow access to the child if the other parent is able to prove she/he is the other parent. If the other parent comes to the childcare center, we will call the parent who enrolled the child in the center to assist in the situation before allowing the child to leave.)

Name of other parent: _____

Address: _____ **City:** _____ **Zip:** _____

Telephone: _____ **Place of employment:** _____

Is he / she (a): High school student High school graduate Withdrawn from school

If he/she is a high school student, what year and school: _____

Describe your relationship with your child's other parent: Good Fair Poor _____

Describe your child's relationship with his/her other parent: Good Fair Poor _____

Does he/she provide support for the child?: Financial Emotional BOTH NONE

Is his/her family involved with your child?: YES NO