



**Crescent Childcare**  
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 – 734.729.1000 [www.crescentacademy.org](http://www.crescentacademy.org)  
[enrollment@crescentacademy.org](mailto:enrollment@crescentacademy.org)

## Enrollment Application

The required documents that must accompany this application include a copy of your child's:

- Birth certificate       Immunization record       \$100 nonrefundable application fee

### Child's Information

Name (full name) \_\_\_\_\_ Gender \_\_\_\_\_  
 Age \_\_\_\_\_ DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Parent Information

#### Father or Guardian:

Mr. \_\_\_\_\_ Name \_\_\_\_\_  
 Home Address (if different from applicant) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Religion \_\_\_\_\_  
 Language(s) Spoken \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Business Telephone \_\_\_\_\_

#### Mother or Guardian:

Mrs., Ms. \_\_\_\_\_ Name \_\_\_\_\_  
 Home Address (if different from applicant) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Religion \_\_\_\_\_  
 Language(s) Spoken \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Business Telephone \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_  
 With whom does the child reside? \_\_\_\_\_ Number of children living in family \_\_\_\_\_  
 Language(s) spoken in home \_\_\_\_\_  
 Has your child been in childcare before? \_\_\_\_\_ If so, where and when? \_\_\_\_\_  
 For what hours/days is childcare needed? \_\_\_\_\_  
 When do you need childcare services to begin? \_\_\_\_\_  
 What is your reason for needing childcare? \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_

# GETTING TO KNOW YOUR CHILD

## HEALTH

Does your child have any known health problems? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please describe \_\_\_\_\_

Does your child need regular medication? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what and when does it need to be administered. \_\_\_\_\_

Does your child have any known allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list all allergies \_\_\_\_\_

Special instructions in case of an allergic reaction: \_\_\_\_\_

Has your child had any of the following communicable diseases: chicken pox, measles, mumps, other \_\_\_\_\_

Is your child prone to any of the following: upset stomach, colds, earaches, headaches, sore throats, nose bleeds, other? \_\_\_\_\_

Are there any indications of hearing or vision problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have any physical or mental disabilities? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe \_\_\_\_\_

## HABITS

Does your child have a regular bedtime schedule? \_\_\_\_\_ Yes \_\_\_\_\_ No

What time does your child take a nap and for how long? \_\_\_\_\_

Are there any special toys, blankets, etc. that your child needs to go to sleep? Please describe \_\_\_\_\_

What is your child's nature upon waking? Please describe briefly \_\_\_\_\_

What is your child's eating habit? For example, what time does he/she eat, what does he/she like to eat? \_\_\_\_\_

Does your child eat a special diet? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please describe \_\_\_\_\_

Does your child eat unaided? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what does your child need at meal time? (For ex. spoon, sipper cup, regular cup, other) \_\_\_\_\_

## TOILET TRAINING

Has your child started toilet training? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, check the appropriate box:

My child tells me when he needs to use the bathroom

My child needs to be reminded

If no, when do you plan to start toilet training? \_\_\_\_\_

## OTHER

Use this space to provide any other information about your child that might be helpful: \_\_\_\_\_

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Date

An application fee of \$50 must accompany this application. This fee is non-refundable.

Crescent Childcare does not discriminate on the basis of race, color, national origin, or sectarian affiliation in the administration of its educational policies, admission policies, scholarship programs, and other school-administered programs.