



Crescent Childcare
 40440 Palmer Road · Canton, MI · 48188
 – 734.729.1000 www.crescentacademy.org
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:

Mother 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 _____

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 \$100 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.