



RESPITE CARE APPLICATION FOR ENROLLMENT



Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

**Student Information:**

Date of Enrollment \_\_\_\_\_

Full Name \_\_\_\_\_  
*Last First Middle Nickname*

Child's address: \_\_\_\_\_  
*Street City State Zip*

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**Family Information:** Child Lives With: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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**Medical Information:**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

My child does \_\_\_\_\_ does not \_\_\_\_\_ have health insurance. If yes, health insurance company \_\_\_\_\_

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**Contacts:**

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

\_\_\_\_\_  
Name Address Work # Home#

\_\_\_\_\_  
Name Address Work # Home#

\_\_\_\_\_  
Name Address Work # Home#



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Child and Family Information

**General:**

At home my child communicates with us by (looking, touching, smiling to respond to question, facial expressions, speaking, sign language, etc.)\_\_\_\_\_

My child's favorite toy is\_\_\_\_\_

My child's favorite play activity is\_\_\_\_\_

When unhappy or uncomfortable my child will\_\_\_\_\_

The best way to quiet my child is\_\_\_\_\_

My child does\_\_\_\_\_does not\_\_\_\_\_use a pacifier

My child does\_\_\_\_\_does not\_\_\_\_\_enjoy comforting by physical contact (caressing, rocking, stroking, holding, walking with, etc.

My child does\_\_\_\_\_does not\_\_\_\_\_enjoy music

When my child is not feeling well, he/she is (fretful, cries easily, quieter than normal, sleeps for longer periods of time, etc.

My child has\_\_\_\_\_has not\_\_\_\_\_attempted to run away from a child care center or school

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**Medical:**

Medications for my child include: (kind, reason, how often, etc.)\_\_\_\_\_

My child does\_\_\_\_\_does not\_\_\_\_\_use aerosols or breathing treatment.

When on medication my child may\_\_\_\_\_may not\_\_\_\_\_act differently. Explain:\_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern:\_\_\_\_\_

My child does\_\_\_\_\_does not\_\_\_\_\_have allergies

Smoking does\_\_\_\_\_does not\_\_\_\_\_occur in my house

My child does\_\_\_\_\_does not\_\_\_\_\_have seizures

My child has\_\_\_\_\_has not\_\_\_\_\_had surgery

My child does\_\_\_\_\_does not\_\_\_\_\_have a diagnosed behavior disorder. If so, please explain and modification plan:

\_\_\_\_\_  
\_\_\_\_\_

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Child and Family Information

**Toileting:**

My child is \_\_\_\_\_ is not \_\_\_\_\_ toilet trained

My child wears diapers \_\_\_\_\_ or training pants \_\_\_\_\_

My child urinates about \_\_\_\_\_ times during a normal day

My child has bowel movements \_\_\_\_\_ times during a normal day

What is usual consistency? (constipation, diarrhea) \_\_\_\_\_

Do some foods cause a change in the stools? \_\_\_\_\_ yes \_\_\_\_\_ no

Special equipment used for toileting at home \_\_\_\_\_

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**Self Care:**

My child is bathed in (bath, tub, sink, etc.) \_\_\_\_\_

Special equipment for bathing includes: \_\_\_\_\_

He/ She help with (face, hands, etc.) \_\_\_\_\_

My child's teeth are brushed by him/herself \_\_\_\_\_ by me (parent/guardian) \_\_\_\_\_

My child can help with dressing by:

Taking off clothes \_\_\_\_\_ putting on clothes \_\_\_\_\_

Pulling off shirt \_\_\_\_\_ putting on shirt \_\_\_\_\_

Pulling off pants \_\_\_\_\_ putting on pants \_\_\_\_\_

Pulling off shoes \_\_\_\_\_ putting on shoes \_\_\_\_\_

Moving body parts to accomplish dressing/undressing \_\_\_\_\_ yes \_\_\_\_\_ no

Other \_\_\_\_\_

\_\_\_\_\_

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**Sleeping:**

My child usually goes to bed at \_\_\_\_\_ and gets up at \_\_\_\_\_

During the day, he/she does \_\_\_\_\_ does not \_\_\_\_\_ nap. If yes, for how long and at what time? \_\_\_\_\_

My child does \_\_\_\_\_ does not \_\_\_\_\_ normally have difficulty going to sleep



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**Sleeping cont:**

My child does \_\_\_\_\_ does not \_\_\_\_\_ wake up crying during the night

My child sleeps in a bed \_\_\_\_\_ crib \_\_\_\_\_ parent's bed \_\_\_\_\_

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**Feeding:**

My child drinks from a bottle \_\_\_\_\_ cup \_\_\_\_\_ If from bottle how many a day? \_\_\_\_\_

My child does \_\_\_\_\_ does not \_\_\_\_\_ feed him/herself

When eating, my child needs help to: \_\_\_\_\_

When eating my child sits (positioning): \_\_\_\_\_

My child eats (baby purred, junior, chopped, table) foods \_\_\_\_\_

My child eats \_\_\_\_\_ meals per day. Normal portions? \_\_\_\_\_ yes \_\_\_\_\_ no, \_\_\_\_\_ number \_\_\_\_\_

His/her favorite foods are: \_\_\_\_\_ He/she does not like \_\_\_\_\_

His/her favorite drinks are (types of juice etc.) \_\_\_\_\_

Foods my child should not eat are: \_\_\_\_\_

When my child has had enough, he/she will: \_\_\_\_\_ My child has food allergies to: \_\_\_\_\_

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**Other:**

Hand preferences \_\_\_\_\_ Favorite Song \_\_\_\_\_ Special Interests \_\_\_\_\_

Child's Sibling(s) will \_\_\_\_\_ will not \_\_\_\_\_ attend respite program

Name of Sibling \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Sibling \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Sibling \_\_\_\_\_ Date of Birth \_\_\_\_\_

By signing below, you verify that you have received our instructions on participating in our free respite program and that all information on this enrollment form is complete and accurate.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date