



**World of Care Child Care Center**

ATTN: Sharon Holloway

7000 Tudsbury Road

Baltimore, MD 21244



Kennedy Krieger Institute

## Child Care Interest Form

Thank you for your interest in our licensed and accredited child care center. Our classrooms are staffed with skilled child care teachers and supported by nurses and physical, occupational and speech therapists, as well as other administrative staff members. Please complete this interest form and send it to the address above, email it to **WOC@KennedyKrieger.org** or submit it in person. If you'd like to submit the application in person, or if you have any questions, please contact Sharon Holloway, World of Care program director, at **Holloway@KennedyKrieger.org** or **410-298-9280**.

### GENERAL

Name of individual completing this form:

Date:

How did you hear about World of Care?

Referral: \_\_\_\_\_  Internet: \_\_\_\_\_  Other: \_\_\_\_\_

I'm interested in enrolling my child:

Full time  Part time

If part time, what day(s) of the week would you need care?

Monday  Tuesday  Wednesday  Thursday  Friday

### CHILD INFORMATION

Child's name:

Date of birth:

Child's gender:

Primary language:

Street address:

City:

State:

ZIP code:

### FIRST GUARDIAN'S INFORMATION

Guardian's name:

Relationship to child:

Primary language:

Email:

Phone:

### SECOND GUARDIAN'S INFORMATION

Guardian's name:

Relationship to child:

Primary language:

Email:

Phone:

Received on: \_\_\_\_\_

## HEALTH& DEVELOPMENT INFORMATION

Does your child have any health conditions we should know about (diagnoses, medications, equipment, procedures, etc.)?  
If so, please describe.

Does your child have any allergies or dietary needs we should know about (e.g., food allergies, reflux, feeding tube)?  
If so, please describe.

Does your child have an IFSP or IEP? If so, please describe and provide a copy of your child's most recent IFSP or IEP when submitting this application.

What does your child need to participate and feel comfortable in a group setting? What supports would help your child while they are at PACT?

What goals and wishes do you have for your child?

## COMMENTS

What additional information would you like to share with us about your child?