

## 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 Jessica Rigney, educational curriculum and instruction coordinator, at **RigneyJ@KennedyKrieger.org** or 410-298-7000.

GENERAL		
Name of individual completing this form:	Date:	
How did you hear about World of Care?		
<input type="checkbox"/> Referral: _____ <input type="checkbox"/> Internet: _____ <input type="checkbox"/> Other: _____		
I'm interested in enrolling my child: <input type="checkbox"/> Full time <input type="checkbox"/> Part time	If part time, what day(s) of the week would you need care? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> 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:	

## 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?