

PHILLIPS COUNTY DEVELOPMENTAL CENTER

APPLICATION FOR ENROLLMENT

Referred by:	Date of Application	Date of Admission
Child's Name – Last, First, Middle	Date of Birth	Birth Certificate Number
Social Security Card Number	Medicaid Number	
Home Phone Number	Emergency Phone Number	Employment Phone Number
Address: Street / Route	City	State Zip Code

Father: Natural () Step ()	Mother: Natural () Step ()	Legal Guardian
Father: Address Street/Route	City	State Zip Code
Mother: Address Street/Route	City	State Zip Code
Father's: Employment Place	Phone Number	Mother's: Employment Phone Number

Name of Doctor:	Address:	Office Phone	Other Number
Name of Dentist	Address:	Office Phone	Other Number

Is child toilet trained? Yes () No () Is there any medical reason why this person might need assistance?

List Congenital conditions unusual injuries, operations and traumatic experiences which the child has had:
 What do you feel is this child's handicap: _____

List food that this person is unable to eat (medical reason, etc.) _____

Express any strong preferences or desire you may have regarding religion: _____

Which of the following does your child now have or is prone to?

Speech Difficulties ()	Faulty Elimination ()	Allergies ()
Nail Biting ()	Sore Throat ()	Frequent Colds ()

Temper Tantrums () Asthma () Earaches/Discharges ()
Persistent Crying () Mouth Breathing () Eye Complaints ()
Finger Sucking () Epilepsy Attacks () Hay fever ()
Drug Reaction ()

How does this child get along with sibling(s)? _____

How does this child get along with playmates? _____

Who does this child prefer to play with? () Alone () with peers () with adults () with older children or () with younger children

Who disciplines the child and with what method? _____

() Mother () Father () Relative

Does the child sleep alone? _____. If not, with whom _____. Does child have own room _____

At what age did child walk? _____. Talk? _____. Can child talk well enough to make his needs understood? _____.

Does child have temper tantrums? _____. If so, describe: _____

Or what is child afraid of? _____. Jealous? _____. If so, of whom? _____

How does child show it? _____

Check the accomplishments child can perform unaided: () put on coat () dress () pants () button () tie shoes () wash and dry hands () feed self () brush teeth.

Is the child: Obedient _____. Destructive _____. Cruel to animals or children _____. Wanders off _____.

What does the child like to do most at home? _____

A particular toy or activity: _____

Does child have any particular responsibilities (chores at home? If so, what are they?)

Which hand does the child usually use to reach for things?

Has child received any previous education services or therapeutic treatments?

If so, list agencies and data below:

Please give any other information which may help us work more effectively with your child (special likes or dislikes, unusual habits, strong attachment to toy or other objects): _____

Medication Taking: _____

CC/file

Pre School Coordinator

Signature of Parent or Guardian

Date

Phillips County Developmental Center does not discriminate admission applicants on the basis of race, national origin, sex, age, religion or disability.