



# Ossining || Children's || Center

SPECIAL DISABILITIES, ALLERGIES OR OTHER PROBLEMS: \_\_\_\_\_

THIS APPLICATION MUST BE ACCOMPANIED BY YOUR CHILD'S BIRTH CERTIFICATE  
APPLICATION FOR ENROLLMENT

Today's Date: \_\_\_\_\_ \$ 20.00 Non-Refundable Application Fee Paid: \_\_\_\_\_  
Requested Starting Date: \_\_\_\_\_

CASH RECEIPT # \_\_\_\_\_

NURSERY \_\_\_\_\_ PRE-SCHOOL \_\_\_\_\_ UNIVERSAL PRE-K \_\_\_\_\_  
KINDERGARTEN \_\_\_\_\_ PARK SCHOOL \_\_\_\_\_ ROOSEVELT \_\_\_\_\_  
BUS & BREAKFAST \_\_\_\_\_

Child's Name \_\_\_\_\_ Circle: Male / Female

Child's Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Child's Address \_\_\_\_\_  
\_\_\_\_\_

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

Occupation \_\_\_\_\_ Present Position \_\_\_\_\_  
Name and Address of Employer \_\_\_\_\_  
Telephone \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

Occupation \_\_\_\_\_ Present Position \_\_\_\_\_  
Name and Address of Employer \_\_\_\_\_  
Telephone \_\_\_\_\_

Length and Status of any Separation or Divorce \_\_\_\_\_  
Custody Papers Provided \_\_\_\_\_  
Limitations on Visitation Rights \_\_\_\_\_

DSS Case Number \_\_\_\_\_  
DSS Caseworker \_\_\_\_\_  
Telephone Number \_\_\_\_\_

How many people live in your household? \_\_\_\_\_  
Please list all household members not described above:

Name Relationship Age Health Employed Home School Grade

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

How did you learn about the Ossining Children's Center? \_\_\_\_\_

**BACKGROUND INFORMATION:**

1. Has your family moved a great deal? \_\_\_\_\_  
How long have you lived at your present address? \_\_\_\_\_
2. What language(s) are spoken in your home? \_\_\_\_\_  
Which language is your child most comfortable with? \_\_\_\_\_
3. Does your child know about his/her potential enrollment here at the Center? \_\_\_\_\_  
If so, what has your child said or asked about it? \_\_\_\_\_
4. What arrangements have been made for your child previously? \_\_\_\_\_  
\_\_\_\_\_  
If babysitter, day care or nursery:  
Where? \_\_\_\_\_  
For how long? \_\_\_\_\_  
How did your child enjoy the experience? \_\_\_\_\_  
\_\_\_\_\_  
Were there things he/she disliked about the experience? \_\_\_\_\_  
\_\_\_\_\_
5. How does your child act when you have to leave him/her? \_\_\_\_\_  
\_\_\_\_\_  
What do you find is best to say or do at those times? \_\_\_\_\_  
\_\_\_\_\_
6. Most young children have certain fears. Does your child fear such things as the dark, storms, water, big animals...? \_\_\_\_\_
7. What are your child's favorite activities? \_\_\_\_\_  
\_\_\_\_\_  
How long will he/she stay with them? \_\_\_\_\_
8. Is your child ever exceptionally hard to handle? \_\_\_\_\_  
Very aggressive? \_\_\_\_\_ Withdrawn? \_\_\_\_\_ Overactive? \_\_\_\_\_ Other? \_\_\_\_\_
9. If there is a behavior problem, how is it normally handled? \_\_\_\_\_  
\_\_\_\_\_
10. Describe your child to me; what kind of a child is he/she? \_\_\_\_\_  
\_\_\_\_\_

**CHILD'S DEVELOPMENT:**

1. Describe your child's eating habits? \_\_\_\_\_  
Any food preferences? \_\_\_\_\_

**FOR NURSERY AND PRE-SCHOOL APPLICATIONS ONLY:**

2. Was your child's birth normal? \_\_\_\_\_ Any problems? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. At what age did your child:  
Walk? \_\_\_\_\_ Talk? \_\_\_\_\_ Toilet Trained? \_\_\_\_\_  
Does your child have any special routines or words about toileting? \_\_\_\_\_  
\_\_\_\_\_

4. Describe your child's sleeping habits? \_\_\_\_\_  
\_\_\_\_\_ Nap? \_\_\_\_\_

**MEDICAL:**

DOES YOUR CHILD HAVE ANY SPECIAL DISABILITIES, ALLERGIES OR OTHER MEDICAL PROBLEMS WE SHOULD KNOW ABOUT? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALSO WRITE IN AT TOP OF PAGE A-1**

Pediatrician \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Last Physical Examination on (Date) \_\_\_\_\_

Summary \_\_\_\_\_  
\_\_\_\_\_

Growth Rate: Normal \_\_\_\_\_ Slow \_\_\_\_\_ Rapid \_\_\_\_\_

Has your child had:

Spasms \_\_\_\_\_

Frequent Colds \_\_\_\_\_

Convulsions \_\_\_\_\_

Nosebleeds \_\_\_\_\_

Injuries \_\_\_\_\_

Speech difficulties \_\_\_\_\_

Surgery \_\_\_\_\_

Dental Problems \_\_\_\_\_

ANY unusual experiences regarding health? \_\_\_\_\_  
\_\_\_\_\_

ENROLLMENT STATEMENT

\_\_\_\_\_, age \_\_\_\_\_ is enrolled at the Ossining Children's Center,  
90 South Highland Avenue, Ossining, New York 10562, commencing on \_\_\_\_\_.

Signatures: \_\_\_\_\_

Parent/Guardian

Date

\_\_\_\_\_

Parent/Guardian

Date

\_\_\_\_\_

Executive Director

Date

Children withdrawn from enrollment on \_\_\_\_\_  
Date

Comments:

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

Signatures: \_\_\_\_\_

Parent/Guardian

Date

\_\_\_\_\_

Executive Director

Date

