Date of Application: _____

ENROLLMENT APPLICATION

ASBURY HOUSE CHILD ENRICHMENT CENTER

320 S Center St Longview, TX 75601 / 903-758-7062 / asburyhouse.net / enrollment@asburyhouse.net

"Nurturing preschool children and families with God's love to strengthen our community for generations."

Date of Application: _____ How did you hear about us? ☐ Friend ☐ Website ☐ Facebook
☐ Referral: _____ ☐ Other:_____

Child's Full Name: _____ Preferred Name: _____
Date of Birth: _____ ☐ Male or ☐ Female Potty-Trained: ☐ Yes ☐ No
Address: _____
City: _____ Zip: _____

Relationship of Parents to one another: ☐ Married ☐ Divorced ☐ Separated ☐ In a relationship ☐ Widowed ☐ Single

Who has legal custody of the child? _____ Relationship to Child: _____
If legal guardian is someone other than biological mother or father, then additional documentation needed.

Mother's or Legal Guardian's Name: _____ Cell: _____
Address: _____ OR ☐ same as child Work: _____
Email: _____ Language(s) Spoken: _____ Other: _____

Place of Business:_____ Business Phone: _____
Title: _____ ☐ Hourly: $_____ per hour ☐Salary: $_____ per year
Hours Worked Per Week: ☐ 25-30 ☐ 30-35 ☐ 35+
Days worked: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
Daily schedule: _____am OR _____pm to _____am OR _____pm

School: _____ Area of Study/Major: _____
☐ Part-time (less than 12 credit hours per semester) ☐ Full-time (12 or more credit hours per semester)

Days attending class: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
Class times: ☐ Morning ☐ Afternoon ☐ Nights

Father's or Legal Guardian's Name: _____ Cell: _____
Address: _____ OR ☐ same as child Work: _____
Email: _____ Language(s) Spoken: _____ Other: _____

Place of Business:_____ Business Phone: _____
Title: _____ ☐ Hourly: $_____ per hour ☐Salary: $_____ per year
Hours Worked Per Week: ☐ 25-30 ☐ 30-35 ☐ 35+
Days worked: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
Daily schedule: _____am OR _____pm to _____am OR _____pm

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☐ Part-time (less than 12 credit hours per semester) ☐ Full-time (12 or more credit hours per semester)

Days attending class: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
Class times: ☐ Morning ☐ Afternoon ☐ Nights

FINANCIAL INFORMATION: CUSTODIAL PARENT(S) ONLY

☐Rent: $_____ per month ☐Own: $_____ per month (if making payments)

Car #1: Year: _____ Make: _____ Model: _____ Monthly Payment: $_____ per month (if making payments)
Car #2: Year: _____ Make: _____ Model: _____ Monthly Payment: $_____ per month (if making payments)

Are you receiving any of the following benefits?
☐ Child support ☐ SNAP ☐ TANF ☐ Social Security ☐ Disability

Child Name: ____ Date of Application: ________________________

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SCHOOL & FAMILY INFORMATION

School district: ____________________________________ Elementary School to be Attended: ____________________________________

Language(s) spoken at home: ____

Holidays/Events family DOES NOT celebrate: ____

Are you currently a member/regularly attending a church? ☐ Yes ☐ No

If Yes, where? If No, are you looking for a church home? ☐ Yes ☐ No

The school day ends at 3:30pm. Do you need after-school care from 3:30-5:30pm for your child? ☐ Yes ☐ No

BROTHERS & SISTERS

Full Name: ____	Age: _______	What does your child call him/her? _________________
Lives in the Home: ☐ Yes ☐ No		
Full Name: ____	Age: _______	What does your child call him/her? _________________
Lives in the Home: ☐ Yes ☐ No		
Full Name: ____	Age: _______	What does your child call him/her? _________________
Lives in the Home: ☐ Yes ☐ No		
Full Name: ____	Age: _______	What does your child call him/her? _________________
Lives in the Home: ☐ Yes ☐ No		

ALL OTHERS LIVING IN THE HOME

Full Name:	Relation to Child:	What does child call him/her?
Full Name:	Relation to Child:	What does child call him/her?
Full Name:	Relation to Child:	What does child call him/her?
Full Name:	Relation to Child:	What does child call him/her?

AUTHORIZED PICK-UP & EMERGENCY CONTACT

FIRST CONTACT: ____ *(as it would appear on a picture ID)*

Person designated as first contact in the event of emergency or need to reach parent/guardian.

☐ Pick-Up *(This person is allowed to pick up the child)*	☒ Emergency Contact	FIRST CONTACT INFORMATION: Relation to Child: ___________________________ What does child call him/her? ________________ Cell: _______________________ Work: _______________________ Other: ______________________
☐ Pick-Up *(This person is allowed to pick up the child)*	☐ Emergency Contact	Name: ____ *(as it would appear on a picture ID)* Relation to Child: ___________________________ What does child call him/her? ________________ **IF EMERGENCY CONTACT ADD CONTACT INFO:** Cell: _______________________ Work: _______________________ Other: ______________________
☐ Pick-Up *(This person is allowed to pick up the child)*	☐ Emergency Contact	Name: ____ *(as it would appear on a picture ID)* Relation to Child: ___________________________ What does child call him/her? ________________ **IF EMERGENCY CONTACT ADD CONTACT INFO:** Cell: _______________________ Work: _______________________ Other: ______________________
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☐ Pick-Up *(This person is allowed to pick up the child)*	☐ Emergency Contact	Name: ____ *(as it would appear on a picture ID)* Relation to Child: ___________________________ What does child call him/her? ________________ **IF EMERGENCY CONTACT ADD CONTACT INFO:** Cell: _______________________ Work: _______________________ Other: ______________________

Child Name: _____ Date of Application: _____

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MEDICAL INFORMATION

Please check the following information as it relates to your child:

☐ Allergies. (food, medication, environmental) Explain: _____

☐ Asthma. Explain: _____

☐ Serious illness or injury. Explain: _____

☐ Hospitalized in the last 12 months. Reason: _____

☐ Therapy: Please select the type of therapy your child is currently receiving or has received in the past.

☐ Occupational (OT) ☐ Physical (PT) ☐ Speech ☐ Mental Health/Counseling

When did services begin/end? _____

Reason for Services: _____

☐ Existing illness/diagnosis. Explain: _____

If the child's existing conditions are long-term and/or require special care, please explain: _____

☐ Medication for long-term use. Explain: _____

Child's Primary Care Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____ Child's Weight: _____ pounds *(at time of enrollment)*

PERMISSIONS/AUTHORIZATIONS

Please INITIAL all that apply:

Asbury House Child Enrichment Center has my permission to:

_____ Obtain emergency medical care for my child

_____ Transport my child… _____ …in case of emergency _____ …to and from field trips

_____ Add my contact information to the Remind text notification system. Phone number to receive texts: _____

_____ Allow my child to participate in water activities

_____Take and use photographs and/or video of me and/or my child for the use of promoting Asbury House and Asbury House activities to include *but not limited to* the following: social media, Asbury House website, marketing materials, etc.

GETTING TO KNOW YOUR CHILD

What kind of childcare did he/she receive before enrolling in Asbury House? Check all that apply.

☐ Child has not previously attended daycare ☐ Cared for by parent ☐ Cared for by family/friend ☐ Multiple caregivers

☐ Other daycare center. Where? _____

Is your child potty-trained? ☐ Yes ☐ No

Regular Accidents? ☐ Yes ☐ No If Yes, please explain: _____

What kind of sleeper is he/she? Check all that apply for nighttime and naps.

☐ Falls asleep easily ☐ Has trouble falling asleep ☐ Stays asleep all night/nap ☐ Has trouble staying asleep ☐ Wakes up easily

☐ Has trouble waking up ☐ Frequent nightmares ☐ Medical sleeping disorders. Please explain: _____

Other information: _____

What kind of eater is he/she? Check all that apply.

☐ Likes to try new foods ☐ Picky eater ☐ Fast eater ☐ Slow eater ☐ Frequently wants seconds ☐ Eats everything on plate

☐ Does not eat everything on plate ☐ Dislikes specific foods. Please explain: _____

Other information: _____

Child Name: _____ Date of Application: _____

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GETTING TO KNOW YOUR CHILD

We know you are the expert, and we depend on you to best understand your little one! Use the boxes and places to comment below to help us get to know your child's strengths, as well as any concerns you as the parent and/or legal guardian may have for your child.

Strengths	Concerns
☐ Good sleeper	☐ Has trouble sleeping
☐ Good eater	☐ Picky eater
☐ Makes friends easily (with peers)	☐ Has difficulty making friends (with peers)
☐ Gets along with siblings and family members	☐ Has difficulty getting along with siblings and/or other family
☐ Comfortable meeting new people	☐ Overly shy or aggressive with new people
☐ Listens well	☐ Does not listen well
☐ Follows directions	☐ Has difficulty following directions
☐ Tries to complete tasks (chosen or assigned)	☐ Has difficulty completing tasks (chosen or assigned)
☐ Enjoys group activities	☐ Never lets others join in play
☐ Prefers to play alone	☐ Does not tolerate playing alone
☐ Shares and plays cooperatively	☐ Has difficulty sharing or playing well with others
☐ Takes turns	☐ Has difficulty taking turns
☐ Able to wait for short periods	☐ Impatient (for his/her age)
☐ Not easily frustrated	☐ Easily frustrated
☐ Calms down quickly (regulates emotions well)	☐ Not easily calmed down or seems overly emotional
☐ Likes to read and/or be read to	☐ Often falls or gets hurt during physical activity
☐ Likes to sit and color	☐ Other: _____
☐ Can color/scribble and stay on paper	☐ Other: _____
☐ Can color/scribble and stay inside the lines	☐ Other: _____
☐ Enjoys physical activity (running, jumping, dance, etc.)	
☐ Can use swings well (without being pushed)	
☐ Likes music, singing, playing an instrument, etc.	
☐ Other: _____	
☐ Other: _____	
☐ Other: _____	

What are his/her interests? Feel free to use the options below, or write your own.

☐ Reading
☐ Drawing/Coloring
☐ Favorite toys: _____
☐ Playing with others
☐ Outdoor play
☐ Pretend play: _____
☐ TV Shows (including YouTube) and/or Movies: _____

What things upset your child? Feel free to use the options below, or write your own.

☐ Animals. Please explain: _____
☐ Darkness
☐ Loud noises and/or sudden noises. Please explain: _____
☐ New people and/or new places. Please explain: _____
☐ Temperature changes (too hot/too cold)
☐ Specific textures or tactile experiences. Please explain: _____

What calms your child down? Feel free to use the options below, or write your own.

☐ Talking
☐ Alone time
☐ Hug
☐ Distraction
☐ Reading, puzzle, or other calm activity: _____
☐ Specific word or phrase: _____

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GETTING TO KNOW YOUR FAMILY

List three goals you and your family would like to achieve in the next two years:

1. _____
2. _____
3. _____

GETTING TO KNOW YOUR FAMILY

Please help us understand the strengths your family brings to the life of your child, the support system you rely on, and what concerns you may have for your family now and in the future. This will help us best work with you and help you reach your goals.

Strengths

- ☐ Supportive family
- ☐ Supportive friends
- ☐ Steady job/income
- ☐ Safe and affordable housing
- ☐ Safe and reliable transportation
- ☐ Access to safe and affordable family activities
- ☐ Strong faith
- ☐ Access to quality medical care
- ☐ Access to quality dental care
- ☐ Access to quality mental health care
- ☐ Access to community resources
- ☐ Access to quality education
- ☐ Access to parenting education
- ☐ Assistance with childcare
- ☐ Access to an adequate quantity of healthy food
- ☐ Adequate clothing and shoes
- ☐ Literate with access to books

Support System

- ☐ Family
- ☐ Friends
- ☐ Neighbors
- ☐ Coworkers
- ☐ Fellow students
- ☐ Church community
- ☐ Volunteer activities

Resources Used

- ☐ CCS (Childcare services)
- ☐ Buckner HOPES
- ☐ Buckner Family Pathways
- ☐ Wellness Pointe HIPPY Program
- ☐ Medicaid
- ☐ Dental program
- ☐ Other: _____

Concerns

- ☐ Budgeting/finances
- ☐ Time-management
- ☐ Employment
- ☐ Housing
- ☐ Transportation
- ☐ Medical care/insurance needs
- ☐ Dental care/insurance needs
- ☐ Mental health care/insurance needs
- ☐ Education
- ☐ Parenting
- ☐ Childcare
- ☐ Poor parent/child interaction
- ☐ Lack of family support
- ☐ Healthy food/nutrition needs
- ☐ Clothing/shoes
- ☐ Safe and affordable family activities

RESOURCES

Please list or explain any other needs your family may have so that we may help you find resources: _____

_____

_____

_____ _____

SIGNATURE OF PARENT/GUARDIAN COMPLETING ENROLLMENT DATE

_____ _____

SIGNATURE OF STAFF RECEIVING ENROLLMENT DATE

OFFICE USE ONLY

Health:	☐ Shot Records	☐ Physician's Statement of Health	☐ Vision and Hearing Screening *(If 4-5 years old)*
Custody:	☐ Birth Certificate	☐ Driver's License of Custodial Parent or Legal Guardian	☐ Proof of Legal Guardianship *(If other than biological parent)*
Financial:	☐ 2 Pay Stubs- Legal Guardian 1 ☐ 2 Pay Stubs- Legal Guardian 2	☐ Tax Return *(If no pay stubs available)* ☐ Tax Return *(If no pay stubs available)*	☐ Letter From Employer *(If recently employed)* ☐ Letter From Employer *(If recently employed)*
School:	☐ Current School Schedule	☐ Proof of Enrollment	☐ Unofficial Transcript or Degree Audit