

Application for Admission



Ages 2 years to 3 years old

UNITY CHILD CARE DEVELOPMENT2555 North Monroe Street Suite 12
Tallahassee, Florida 32303

Photo	<p align="center">Tell Us About Your Child</p> <p align="center">Unity Child Care Development 2555 North Monroe St, Suite 12 Tallahassee, Florida 32303 Telephone: (850) 567-5145 or (850) 408-5400</p>
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**About Your Child**

Child's Name	Age	Date of Birth
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Name of Parents/Guardians

Street Address	City	State	Zip
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Cell Phone	Work Phone	Home Phone
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Please provide us with the following information concerning anyone who has provided care for your child in the past year.

Name	Age	Phone

www.unityccd.com

Voice: (850) 629-4959

Voice 2: (850) 629-4061



Social Skills

Does your child make friends easily?

Does your child tend to play with others or alone?

What are your child's favorite toys?

What are your child's favorite games and activities?

Does your child have any fears?

If your child gets upset, what helps comfort him/her?

Does your child have any special needs or request that we should be aware of?



Eating Habits

Does your child feed him/herself?

Child's favorite foods?

Foods that your child dislike?

Is your child allergic to any foods?

General eating habits of your child?

Other comments.



Toilet Habits

Is your child toilet trained?

**Child Pick Up Authorization Form**

Unity Child Care Development
 2555 North Monroe St, Suite 12
 Tallahassee, Florida 32303
 Telephone: (850) 567-5145 or (850) 408-5400

We must have written authorization from you to allow another person to pick up your child. We do not accept phone calls for pick up authorization. It is our policy to request photo identification from anyone that comes to pick up your child. Please inform the individuals you plan on giving permission to that they have photo identification when they present themselves.

Please photocopy a piece of identification that has a picture of the individual that you are giving permission to pick up your child.

I give permission to the following people to pick up my child from Unity Child Care Development.

Name	Relationship
Address	Telephone

 Signature Parent/Guardian

 Date

Name	Relationship
Address	Telephone

 Signature Parent/Guardian

 Date



**Emergency contact & Medical History & Parental
Consent Form**

Unity Child Care Development
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Telephone: (850) 567-5145 or (850) 408-5400

Emergency Contact

Child's Name	Birth Date
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Child reside with (circle one)? **Both Parents** **Mother** **Father** **Guardian**

Mother/Guardian	Father/ Guardian
Address	Address (Complete only if different)
Telephone	Telephone
Cellular	Cellular
Email	Email
Employer	Employer
Work Telephone Number	Work Telephone Number

Are there any court-ordered restrictions on the release of information or the dismissal of this child to any family members? Please circle. Yes No
If YES please explain.

Person to contact if parents/guardians are unavailable.

Name	Relationship
Address	
Telephone	Cellular