



Janine M. Marks, Executive Director

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APPLICATION FOR ADMISSION

Child's Name _____ D.O.B. _____ Sex _____

Address _____ Phone _____

How long has child lived at above address? _____

Nick name (if preferred) _____

Parents' marital status _____

Mother's name _____

Home address _____ Phone _____

Cell Phone _____ Email _____

Occupation _____ Hours of employment _____

Employer's Name _____ Phone _____

Employer's Address _____

Father's name _____

Home address _____ Phone _____

Cell Phone _____ Email _____

Occupation _____ Hours of employment _____

Employer's Name _____ Phone _____

Employer's Address _____

Other's children in family: Name Age

Describe child's relationship with siblings _____

Other members of household: Name Relation to child

Language(s) spoken at home _____

What is your current childcare arrangements? _____

How has your child's experience been with this care? _____

If parents are separated or divorced, does child see absent parent? _____

If so, how often? _____

Name of parent or other person(s) who may not have access to child under court order. (Center must have a copy of court papers) _____

Please Describe:

Child's strengths are: _____

Child's weaknesses are: _____

Child's special interests are: _____

Any fears your child has that you are aware of _____

Does child sleep alone? _____ with whom? _____

Does child usually nap? _____ from _____ to _____

Child's words for bathroom functions are _____

What type of discipline is used? _____

How does child react? _____

Have any of the following behaviors been excessive or a problem?

- | | | |
|---------------------------|-------------------------------------|---------------------|
| Desire to be close | Demand for attention | Nervousness |
| Easily upset | Fighting | Stuttering |
| Clumsiness | Clinging to adults | Crying |
| Falling down | Purposely destroying objects | Unresponsive |

Explain briefly: _____

Have there been any recent deaths or trauma in the family? _____

Does your child have any scars? _____

Does your child have any allergies? _____ If so, please list _____

Information about pregnancy:

Was pregnancy full term? _____

Was any drug or alcohol used during pregnancy? _____

If so, what type and for how long? _____

Please add any additional information about your child that you feel is information for us to know: _____
