



*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 \_\_\_\_\_

Parent/Guardian #1 Name \_\_\_\_\_

Home address \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Carrier \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Hours of employment \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_

Home address \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Carrier \_\_\_\_\_ 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?

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

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_