



Ohana Clubhouse

Camarillo, CA

License #566215390

(805) 419-0391 OhanaClubhouse@gmail.com

Website: www.OhanaClubhouse.com

Admission Questionnaire

(Please complete for each child)

Full Name of Child: _____ Date of Birth: _____

Name we should use in childcare, if different: _____ Current Age: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Siblings Names/Birth Years: _____

Any siblings hoping to attend daycare too? No Yes, names: _____

Home Address: _____

Best Email Address: _____

Who does child live with (of parents/sibs)? _____

If divorce or shared custody, please describe arrangements and if both parents are allowed to pick up child:

Current School: _____

Time school ends each day: _____

How will child arrive to after school daycare? If by bus, list name of bus company and driver's name:

When are you hoping to start your child in our daycare? _____

What are your preferred daycare hours during School? _____ Summer? _____

Does your child have any special needs? If yes, please list all diagnoses: _____

Has your child received all immunizations required by CA law? (Circle one) Yes No If No, explain:

Can your child self-toilet? Yes No, please explain: _____

Does your child know how to swim? No Yes – how well? _____

Does your child have an I.E.P. at School? Yes/No 504 plan? Yes / No IPP with TCRC? Yes / No
(We will require copies of all, if accepted into care)

Is your child taking any medications currently? If so, please list the info below:

Medication Name	Dosage	Frequency	To Treat Condition	To be given at daycare? Yes / No

Side effects daycare staff should be aware of regarding above medications: _____

Does your child require any medication for allergies of any kind? If so, please list the same info below:

Is your child allergic to any foods? Please list name of food and what reaction looks like:

Has your child ever received emergency care for any allergies? No Yes, last on: _____

Does your child have a prescribed epi-pen? No Yes, last used on: _____

Does your child have any special dietary restrictions? No Yes, explain below:

Does your child have diabetes? No Yes, Type # _____

If yes, do they require assistance with glucose testing? Yes No, can do independently

Do they require insulin injections? No ___Yes, but can do independently ___Yes and requires assistance

Please describe your child's typical routine after school, what they eat/do, and if they take naps:

Please share more about your child with us. The following information will help us better determine if your child is a good match for our daycare, and will help us better understand how to connect with them. We understand that this information is constantly evolving as your child develops. Feel free to involve your child in completing this information.

All About _____

My Favorite Things to Do at Home: _____

Favorite Toys: _____

Favorite Foods: _____

Favorite Movies: _____

Favorite Books: _____

Things I *Don't* Like to Eat or Do: _____

Things I Need Help to do: _____

When I get upset, others can help me by: _____

At home, I help with the following chores: _____

Please check off the following activities your child enjoys doing:

Painting Swimming Playing Games Mostly Alone Playing Games with Others

Cooking Gardening Hiking Going to the Beach Going to the Park

Going to the Movies Watching Movies at Home Playing Instruments Reading

What I am Most Looking Forward to Doing at Ohana Clubhouse: _____

Signed by _____

Date: _____

Printed Name: _____

Relationship: _____