



EST. 1973



Bloomington Developmental Learning Center



Date received: _____ (Office use only)

Application Form and Intake Agreement

Date: _____ I hope my child can begin on: _____

Child's name: _____
First Middle Last

Date of Birth: _____ Gender: Male Female

Child's address at starting date of enrollment: _____

Guardian 1 name: _____

Guardian 1 home address: _____

Guardian 1 home phone #: _____ Guardian 1 cell phone #: _____

Guardian 1 email address: _____

Guardian 1 occupation: _____ Work schedule: _____

Guardian 1 employer: _____

Guardian 1 employer address: _____

Guardian 1 work phone #: _____

Guardian 2 name: _____

Guardian 2 home address: _____

Guardian 2 home phone #: _____ Guardian 1 cell phone #: _____

Guardian 2 email address: _____

Guardian 2 occupation: _____ Work schedule: _____

Guardian 2 employer: _____

Guardian 2 employer address: _____

Guardian 2 work phone #: _____



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Name of person(s) who has legal custody of child: _____

List names and ages of other children living in the home: _____

List other adults living in the child's home: _____

Does your child have any allergies (food, medications, etc?) Yes No

If yes, please specify: _____

Does your child have any health problems or has your child had any serious illnesses (if yes please specify)?

Does your child take any medication? Yes No

If yes, please list medication and reason: _____

Please circle any special services that your child has received/is receiving:

Speech Hearing 1st Steps MCCSC Other: _____

Has your child attended day care/preschool before? Yes No

If yes, for how long? _____

Please list your child's dentist below.

Dentist _____ Address _____ Phone# _____

_____ Please use the BDLC consulting dentist. Dr. Matt Rasche 828 S. Auto Mall Rd. 812-333-5532

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