Application Date_____ _   Date of Enrollment_____

CHILD'S APPLICATION FOR CHILD CARE
To be completed and placed on file prior to enrollment

Name of Child _____ Birth date _____
          (Last)   (First)   (MI)   (Nickname)
Address_____Zip Code_____

INFORMATION ABOUT THE FAMILY:
Father/Guardian's Name_____Home Phone _____
Address_____Zip Code_____
Where Employed _____ Business Phone _____

Mother/Guardian's Name_____Home Phone _____
Address_____Zip Code_____
Where Employed _____ Business Phone _____

Insurance Carrier _____Policy # _____

INFORMATION ABOUT YOUR CHILD:
Does your child have any known allergies: No_____ Yes_____ Explain: _____

Does your child have any chronic illnesses/conditions: No_____ Yes_____ Explain: _____
_____

Please give any information concerning your child which will be helpful in his experience in group setting
(such as play, eating and sleeping habits, special fears, special likes or dislikes)._____
_____

EMERGENCY CARE INFORMATION:
Name of child's doctor _____ Office Phone_____
Address _____ _____
Name of child's dentist_____ Office Phone_____
Address _____ _____
Hospital preference_____ Phone _____

If neither father nor mother (or guardian) can be contacted, call (please list relationship):
Name_____ _____ Home Phone _____ Office Phone _____
Name_____ _____ Home Phone _____ Office Phone _____
If you cannot call for your child, please give the names of persons to whom the child can be
released:_____
_____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that
neither I nor the family physician can be contacted immediately.

_____
                  (Signature of Parent)   (Date)
I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an
emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any
drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time
custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

_____
                  (Signature of Operator)   (Date)