

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) (Gender – M or F)

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

### INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_  
Social Security Number \_\_\_\_\_ License Number/State \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_  
Social Security Number \_\_\_\_\_ License Number/State \_\_\_\_\_

### INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies? No \_\_\_ Yes \_\_\_  
Explain:

Please give any information concerning your child which will be helpful in his/her 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 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 an 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)