

Application Date _____
Date of Enrollment _____

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

Name of Child _____ Birth Date _____
Last First Middle

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:

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:

Name _____ Home Phone _____ Office Phone _____

Name _____ Home Phone _____ Office Phone _____

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 rest and outdoor play.

(Signature of Parent)

(Date)

Child Information Form

Child's name _____ Nickname _____

Age _____ Birthdate _____

Address _____ Phone _____

Scheduled days to attend _____

Mother's Name _____ Father's Name _____

Name and age of siblings

Has your child been cared for by anyone other than parents? _____

Has your child previously attended a day care center? _____

Does your child use the restroom independently? _____

Does your child need help dressing or undressing? _____

Does your child take a nap? _____

Does your child have any special fears? _____

Does your child dislike any particular foods? _____

Does your child require any special medical care? _____

Explain _____

Does your child have any allergies? _____

Does your child have a history of physical impairment? _____

Visual impairment? _____ Speech problems? _____ Hearing Impairment? _____

Explain _____

Current prescribed medication _____

Doctor _____ Phone _____

Play Experiences

Favorite games _____ Favorite Toys _____

Outdoors _____ With other children _____

Book _____ Favorite TV show _____

Parent Signature _____ **Date** _____