

Date _____
Full Time _____
Mon/Wed/Fri _____ Tues/Thurs _____
First Available _____



APPLICATION FOR ENROLLMENT

Name of Child _____
Last First Middle
Nickname _____ Desired Date of Enrollment _____
Date of Birth _____ Sex _____

INFORMATION ABOUT FAMILY

Father's Name _____ Home Phone _____ Cell Phone _____
Address _____
Street City State Zip Code
Father's Employer _____ Work Phone _____
Mother's Name _____ Home Phone _____ Cell Phone _____
Address _____
Street City State Zip Code
Mother's Employer _____ Work Phone _____
Child's Insurance Carrier _____ Policy # _____
Would you like to be contacted by email? _____ Email address _____

INFORMATION ABOUT CHILD

Has child had previous child care experience? _____
Does your child have any known allergies? _____ If yes please specify: _____
Does your child have chronic illness/conditions: No _____ Yes _____ Explain _____
Please give any information concerning your child's general health or personal history that would be helpful in his experience in a group setting: (example: fears, unique behaviors, characteristics, etc.)

EMERGENCY CARE INFORMATION

Name of Child's Doctor _____ Office Phone _____
Address _____
Hospital Preference _____

If neither father nor mother (or guardian) can be contacted, call (please list relationship):
Name _____ Home Phone _____ Work Phone _____
Name _____ Home Phone _____ Work 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.

Date _____ Signature of Parent _____

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.

Date _____ Signature of Director _____