

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:

Date of Birth: _____ Sex: _____

Date of Enrollment: _____

Full

Name: _____

Last First Middle Nickname

Child's

Address: _____

Primary Hours of Care: From: _____ To: _____

Family Information:

Child Lives With: _____

Mother's

Name: _____

Address: _____

Home

Phone: _____

Employer: _____

Address: _____

Work

Phone: _____

Father's

Name: _____

Address: _____

Home

Phone: _____

Employer: _____

Address: _____

Work

Phone: _____

Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____

Phone: _____

Doctor: _____ Address: _____

Phone: _____

Dentist: _____ Address: _____

Phone: _____

Hospital

Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern:

Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name Address Work # Home #

Name Address Work # Home #

Name Address Work # Home #

Name Address Work # Home #

Name Address Work # Home #

Custody: Mother Father Both Other (specify): _____

Helpful Information About Child:

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian Date