Date Application Completed_____ Date of Enrollment_____

CHILD'S APPLICATION FOR ENROLLMENT

CHILD INFORMATION: Date of Birth: _____

Full Name:_____
Child's Physical address:_____

FAMILY INFORMATION: Child lives with: _____
Father/Guardian's Name _____Ocupation:_____
Phone_____ Address (if different from child's) _____
email: _____ Work Phone_____
Cell Phone_____

Mother/Guardian's Name _____Ocupation:_____
Phone_____ Address (if different from child's) _____
email: _____ Work Phone_____
Cell Phone_____

CONTACTS: Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

_____

Name Relationship Address Phone Number

_____

Name Relationship Address Phone Number

HEALTH CARE NEEDS:

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes__ No__ List any allergies and the symptoms and type of response required for allergic reactions. _____

_____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns _____

_____

List any particular fears or unique behavior characteristics the child has_____

_____

List any chronic illness the individual has and any types of medication taken for health care needs _____

_____

Share any other information that has a direct bearing on assuring safe medical treatment for your child_____

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____
Hospital preference _____ Phone _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of parent/Guardian_____Date_____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency, 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.

Signature of Administrator_____Date_____