Application Date _____ Date of Enrollment _____

CHILD'S APPLICATION

To be completed and placed on file prior to enrollment and updated annually.

Name of Child _____ Birth date _____

(Last) (First) (MI) (Nickname)

Address _____ Zip Code _____

INFORMATION ABOUT THE FAMILY: Child lives with: _____

Father/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

Email Address _____ Cell Phone _____

Mother/Guardian's Name _____ _____ Home Phone _____

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

Email Address _____ Cell Phone _____

If neither father nor mother (or guardian) can be contacted, call (please list relationship):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

If you cannot pick up your child, please give the names of persons to whom the child can be released:

_____

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? **NO** _____ **YES** _____

List any allergies and the symptoms and type of response 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 types of medication taken for health care needs.

_____

List any particular fears or unique behavior characteristics the child has. _____

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 _____ 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 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.

Signature of Administrator

_____ Date _____