

Child's Application For Child Care

To be completed and placed on file prior to enrollment

Application Date_					Date of Enrollment	
					Birth date	
	(Last)	(First)	(MI)	(Nickname	Birth date e)	
Address					Zip Code	
INFORMATIO	ON ABOU	J T THE F A	AMILY:			
					Home Phone	
Address					Zip Code	
Where Employed Business Phone						
Mother/Guardian's Name					Home Phone	
Address					Zip Code	
Where Employed	l				Business Phone	
Insurance CarrierPolicy #						
INFORMATIO			_			
Does your child h	nave any ki	nown allergi	es: No	Yes Exp	lain:	
Does your child ha	ve any chro	nic illnesses/a	onditions: N	o Ves	Explain:	
Does your china na	ve any emo	ine innesses/e	onamons. 14	0 105		
					Office Phone	
Address	1				O.07 PI	
Name of child's of	lentist				Office Phone	
Address					Dhama	
Hospital preferen	ce				Phone	
					lease list relationship):	
Name			Hor	ne Phone	Office Phone	
Name					Office Phone	
If you cannot call f released:	-			•		
I agree that the one	rator may a	uthorize the p	hysician of h	is/her choice to a	provide emergency care in the event that	
neither I nor the far	-	-	•		provide emergency care in the event that	
		(Signature	of Parent)		(Date)	
I, as the operator, d	lo agree to p	. •		appropriate med	dical resource in the event of emergency. In	
emergency situation	n, other chil	dren in the fa	cility will be	supervised by a	responsible adult. I will not administer any	
					or the child's parent, guardian, or full-time	
custodian. Provision	ons will be i	made for adeq	uate and app	ropriate rest and	outdoor play.	
		(Signature	of Operator	r)	(Date)	
		Signature	or operator	-,	(Duto)	