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APPLICATION FOR ADMISSION TO CHILD CARE

Child's Name _____ Preferred Name/Nickname _____ Birth Date _____

Home Address _____ City/State _____ Zip Code _____ Phone Number _____

Enrollment Date: _____ Termination Date: _____

Allergies & other Medical Conditions (i.e. asthma, diabetes, epilepsy, physical limitations, etc.) _____

Plan of Action for allergic reactions: _____

Parent/Guardian Name _____ Home Phone _____

Home Address _____

Place of Work _____ Work Phone _____

Work Schedule _____

Parent/Guardian Name _____ Home Phone _____

Home Address _____

Place of Work _____ Work Phone _____

Work Schedule _____

Parent's Marital Status ___ Married ___ Separated ___ Divorced ___ Other

Is Either Parent Deceased? _____ Remarried? _____

Custody Arrangements? _____

Is Anyone restricted from seeing or picking up the child(ren)? Is so, please list.

In an emergency contact:

Name

Relationship

Phone Number

Name
Number

Relationship

Phone

Who will pick up child(ren):

Name

Relationship

Vehicle Type

Name
Vehicle Type

Relationship

Is there any additional information you would like to share about your child? (favorite things, food likes, special interests or fears, etc.)

Emergency Medical Care Authorization

I hereby give permission for emergency medical treatment for _____
if requested by _____, who is our child care provider.

Please note that my child is allergic to the following medications: _____

It is also important to note that my child has the following special medical
conditions: _____

Parent Printed Name

Parent Signature

Date

Parent Printed Name

Parent Signature

Date

I/We attest that the information listed on this application is as accurate and complete as possible.

Parent Signature

Date

Parent Signature

Date

✦ ATTACH CHILD'S IMMUNIZATION RECORD ✦