



**CHILD'S APPLICATION FORM**

Application day \_\_\_\_\_ Enrollment day \_\_\_\_\_

Name of the child \_\_\_\_\_ DOB \_\_\_\_\_  
(Last) (First) (MI) (Nickname)

**INFORMATION ABOUT THE FAMILY**

Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
Email Address \_\_\_\_\_

Mother/Guardian's name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip code \_\_\_\_\_  
Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
Email Address \_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD**

What days is your child going to attend: (select 5-3-2 days)  
Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_

Does your child have any known allergies: No \_\_\_ Yes \_\_\_;

Explain: \_\_\_\_\_

Please give any information concerning your child that will be helpful in his experience in group setting (Such as play, eating and sleeping, special fears, special likes or dislikes).

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CARE INFORMATION**

Name of child's doctor \_\_\_\_\_ Office phone \_\_\_\_\_

Address: \_\_\_\_\_

Name of child's dentist \_\_\_\_\_ Office phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Office phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

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I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

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Signature of Parent	Date
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I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an 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. Provisions will be made for adequate and appropriate rest and outdoor play.

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Signature of Operator	Date
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