



CHILD'S APPLICATION

TO BE COMPLETED, SIGNED AND PLACED IN THE FACILITY ON THE FIRST DAY. THIS WILL BE UPDATED AS CHANGES OCCUR AND AT LEAST ANNUALLY.

Name of Child _____
 Last First MI Nickname Age Birth Date

Address _____ Zipcode _____

FAMILY INFORMATION

Child Lives With _____

Father/Guardian's Name _____ Phone _____ Email _____

Address _____ Zipcode _____

Where Employed _____ Work Phone _____ Cell Phone _____

Mother/Guardian's Name _____ Phone _____ Email _____

Address _____ Zipcode _____

Where Employed _____ Work Phone _____ Cell Phone _____

INFORMATION ABOUT YOUR CHILD

Is There a Medical Plan Attached? _____ If yes, please attach to this form.

List any Allergies and the associated symptoms. Please provide type of response required for allergic reactions. _____

Give any Info concerning your child which will be helpful his/her experience in group setting. _____

List any healthcare needs or concern, symptoms of and the type of response for them. _____

List any type of medication take for health needs. _____

Share any other information that has a direct bearing on assuring safe medical treatment. _____

EMERGENCY CARE INFORMATION

Insurance _____ Policy # _____

CHILD'S DOCTOR _____ Phone _____ Hospital _____ Phone _____

Child will be released to the parent/guardian above and the following individuals.

Name _____ Address _____ Phone _____ Relationship _____

Name _____ Address _____ Phone _____ Relationship _____

In the event of an emergency and the parents/guardian can't be contacted; Contact:

Name _____ Address _____ Phone _____ Relationship _____

Name _____ Address _____ Phone _____ Relationship _____

I, as the parent/guardian, agree 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 contact immediately. All the information is true and authorized by person who signs this application.

Parent Signature _____ Date _____

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 medication without specific instructions from the physician or child's parent/guardian or full time custodian. Provisions will be made for adequate and appropriate rest and outdoor play

Operator Signature _____ Date _____