

CHILD'S ENROLLMENT APPLICATION*Must be completed, signed, and on file with the center on the first day and updated as changes occur and at least once a year.***CHILD INFORMATION:**

Date of Birth: _____

Full Name: _____
Last First Middle

Child's Physical

Address: _____

FAMILY INFORMATION:

Child lives with: _____

Parent/Guardian Name _____ Home Phone _____

Address (if different from Child) _____ Zip Code _____

Work Phone _____ Cell Phone _____

Email _____

Mother/Guardian Name _____ Home Phone _____

Address (if different than child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

Email _____

CONTACTS:

The child will only be released to the parents/guardians listed above. The child may also be released to the following persons, as authorized by the person signing this application. In the event of an emergency, if parents/guardians cannot be reached, the facility has permission to contact the following persons.

Name	Relationship	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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? Yes _____ No _____

List any allergies and the symptoms and type of response required for allergic reactions.

Please list any health care needs or concerns, symptoms, and type of response to these health care needs or concerns.

Please list any particular fears or unique behavioral characteristics the child has.

any medications taken for health care needs. _____

Share any other information that has a direct bearing on ensuring a safe medical treatment for your child. _____

_____**EMERGENCY HEALTH CARE INFORMATION:**

Name of Health Care Professional _____ Office _____

Preferred Hospital _____ Phone _____

I, as parent/guardian, authorize the facility to obtain medical care for my child in the event of an emergency.

Parent/Guardian Signature _____ Date _____

I, as operator, 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 the child's parent, guardian, or full-time custodian.

Administrator Signature _____ Date _____