Julia A. Lopez Child Development Center

INTAKE APPLICATION

1300 South Avenue
Orange Cove, CA 93646
559-626-6466 Fax 559-626-3439

www.juliaalopezchilddevelopmentcenter.com
facebook.com/juliaalopezchilddevelopmentcenter

No. ____

Full Name of Child:		Nickname or Name Known by:	
Date of Birth:		Age:	
Address:		Sex: ☐ Boy	☐ Girl
City:			
Zip Code:			

Mother's Details

Mother's Name:			
Occupation:		Employer:	
Mobile Phone Number:		Work Phone Number:	
Email Address:		Monthly Gross Income:	
Address (If different from Child's)			
City:		Zip Code:	

Father's Details

Father's Name:			
Occupation:		Employer:	
Mobile Phone Number:		Work Phone Number:	
Email Address:		Monthly Gross Income:	
Address (If different from Child's)			
City:		Zip Code:	

Who Has Parental Responsibility?

Name:		Name:	
Are there any contact restrictions? (If yes, please give details below)		☐ Yes	☐ No
Details: _____			

Parent(s) Total Gross Income:		Total of Family Size, Including Child being Registered (2, 3, 4, etc.):		
Reason for Seeking Childcare:	☐ Working	☐ School or Training	☐ Seeking Work	
Seeking How Many Hours of Care Per Day? Example: 3hrs, 4hrs, 8hrs?				
Monday:	Tuesday:	Wednesday:	Thursday:	Friday:
From: To:	From: To:	From: To:	From: To:	From: To:

Please Bring the following documents with application: •Current Physical (within 1 year) •Immunization Record (TB Shot) •Birth Certificate •Proof of Residence •Check Stubs and/or •School/Training Schedule

Office Use Only

Accepted By: _____ Date: _____

Name	Date of Birth	School Attending
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Doctor's Details

Doctor's Name:			
Healthcare Company Name:	Examples: Adventist, Kaiser Permanente, Kaweah Health, Orchard Medical		
Address:		City:	Zip Code:
Doctor's Phone Number:			

Medical Details

Does your child have any medical problems that we should be aware of? Please give details below:
Allergies? Does your child have any allergies that we should be made aware of? Please give details below:
Long Term Medication? Is your child on any long-term medication that we should be aware of? Please give details below:
Special Dietary Requirements? Does your child have any special dietary requirements? Please give details below:

Emergency Contacts (Must be 18 and over to be authorized to contact and pick up and drop off):

Name	Phone Number	Address	Relationship to Child-Grand-parent, Aunt/Uncle, Sibling, Family Friend
1.			
2.			
3.			
4.			
5.			
6.			

Signature	Date

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.