



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: <input type="checkbox"/> Boy <input type="checkbox"/> 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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details: _____			

Parent(s) Total Gross Income:		Total of Family Size, Including Child being Registered (2, 3, 4, etc.):	
Reason for Seeking Childcare:	<input type="checkbox"/> Working	<input type="checkbox"/> School or Training	<input type="checkbox"/> Seeking Work
Seeking How Many Hours of Care Per Day? Example: 3hrs, 4hrs, 8hrs?			
Monday:	Tuesday:	Wednesday:	Thursday:
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: _____

Information on all other children under 18 living in the home.

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.			

Signature	Date

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

Survey – Please Answer the Following Questions:

How did you hear about us?	
Who takes care of your child currently?	
What alternatives, if any, did you consider before the Julia Lopez Center?	
Have you enrolled children at the Julia Lopez Center or Orange Cove Day Care before?	
Why did you choose the Julia Lopez Center?	

Thank you for your interest in the Julia A. Lopez Child Development Center! Response times may vary according to season and capacity.