



New Horizons Family Childcare Enrollment Application

PLEASE PRINT

1.NAME OF CHILD (LAST, FIRST, MI)				DATE OF BIRTH	
ADDRESS				TELEPHONE #	
2. PARENT INFORMATION		PARENT/GUARDIAN		PARENT/GUARDIAN	
NAME					
PLACE OF EMPLOYMENT					
ADDRESS OF EMPLOYMENT					
WORK PHONE					
HOME ADDRESS					
CONTACT NUMBERS		HOME	CELL	HOME	CELL
3. RESPONSIBLE RELATIVE/FRIEND TO CALL IF PARENTS CANNOT BE REACHED			4. NAME ALL PERSONS AUTHORIZED TO REMOVE CHILD FROM PREMISES		
NAME					
ADDRESS					
TELEPHONE		RELATIONSHIP			
5. EMERGENCY CONTACT INFORMATION FOR CHILD			HOSPITAL TO BE USED FOR EMERGENCY		
PHYSICIAN'S NAME			ADDRESS		
TELEPHONE			CITY STATE ZIP CODE		
NAME OF PARENT'S MEDICAL INSURANCE COMPANY			CONTRACT #		
IF UNAVAILABLE ANOTHER PHYSICIAN MAY TREAT MY CHILD YES <input type="checkbox"/> NO <input type="checkbox"/>					
DENTIST'S NAME			ADDRESS		
TELEPHONE			CITY STATE ZIP CODE		
NAME OF PARENT'S DENTAL INSURANCE COMPANY			CONTRACT #		
IF UNAVAILABLE ANOTHER DENTIST MAY TREAT MY CHILD YES <input type="checkbox"/> NO <input type="checkbox"/>					

6. ARRANGEMENTS		FINANCIAL ARRANGEMENTS	
SERVICES PROVIDED (INCLUDING DAYS, HOURS, MEALS, ECT.)			
SPECIAL CONDITIONS (SPECIAL DIETS, SPECIAL NEEDS, ALLERGIES)			
7. LIABILITY INSURANCE: New Horizons Childcare carries liability insurance. A current certificate of coverage is available for inspection to all parents/guardians of children receiving care and to all parent/guardian seeking services from our child care program. My policy will expire in March 2022.			
8. PERMISSIONS AUTHORIZATION IS HEREBY GIVING TO THE CHILDCARE PROVIDER OF NEW HORIZONS CHILDCARE TO OBTAIN MEDICAL CARE OR TREATMENT IN THE EVENT OF AN EMERGENCY CARE YES <input type="checkbox"/> NO <input type="checkbox"/> AUTHORIZATION IS HEREBY GIVING TO THE CHILDCARE PROVIDER OF NEW HORIZONS TO TRANSPORT MY CHILD YES <input type="checkbox"/> NO <input type="checkbox"/> AUTHORIZATION IS HEREBY GIVING TO THE CHILDCARE PROVIDER OF NEW HORIZONS CHILDCARE TO PHOTOGRAPH MY CHILD AND USE THE PHOTOS TO PROMOTE PROGRAM ON PROGRAM WEBSITE AND OR SOCIAL MEDIA SUCH AS FACEBOOK PAGE YES <input type="checkbox"/> NO <input type="checkbox"/>			
AUTHORIZATION: WE THE UNDERSIGNED HEREBY AGREE TO ABIDE BY THE ARRANGEMENTS AND AUTHORIZATIONS STATED ABOVE. WE HAVE DISCUSSED THE INFORMATION REQUIRED. A PARENT HANDBOOK HAS BEEN PROVIDED WITH THE REGULATIONS AND POLICIES OF NEW HORIZONS CHILDCARE FORUS TO REVIEW.			
SIGNATURE OF PARENT/GUARDIAN		DATE	SIGNATURE OF PROVIDER DATE

Dated: 01/2021