

Date Application Completed _____

Date of Enrollment _____

PRINCETON DAYCARE, INC.

CHILD'S APPLICATION FOR ENROLLMENT

To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually.

Date of Birth: _____

Child's Full Name:

Last

First

Middle

Nickname

Child's Physical Address:

Parent's Mailing Address:

FAMILY INFORMATION:

Child lives with: _____

Parent/Guardian's Name _____

Home Phone _____

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

Work Phone _____ Cell Phone _____

Email Address _____

Parent/Guardian's Name _____

Home Phone _____

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

Work Phone _____ Cell Phone _____

Email Address _____

CONTACTS: Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

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.

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns

List any particular fears or unique behavior characteristics the child has

List any types of medication taken for health care needs

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

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____

Health Care Professional Phone _____

Hospital preference _____

Hospital Phone _____

CHILD CARE INFORMATION:Are there any Holidays you DO NOT want to participate in? _____Are there any foods you DO NOT want your child to eat? _____

Any other information about your family or child that you wish us to know? _____

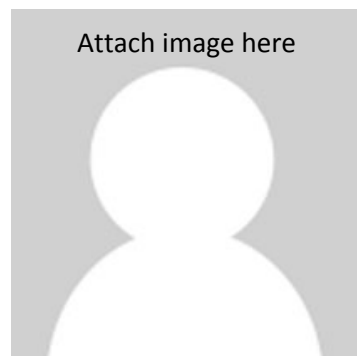
Photo Permission:

I/We give permission for the staff of Princeton Daycare, Inc. to use our child's _____ photograph on the website, fliers, brochures, social media, or any other publication relative to Princeton Daycare, Inc. We realize that our child's first or last name WILL NOT be used in such publications. (Please check one)

YES _____ NO _____

Photo of Child:

As of 2018 we are required to have a small passport size photo to attach to travel forms and 'Ready to Go Files' in case of emergencies. Please attach a small, forward facing, non-returnable, face/head photo of your child.



I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of
Parent/Guardian _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator _____ Date _____