

Enrollment Date _____

Enrollment Termination Date _____

APPLICATION FOR ADMISSION TO CHILD CARE

Child's Name _____ Preferred Name/Nickname _____ Birth Date _____

Home Address _____ City/State _____ Zip Code _____ Phone Number _____

Allergies & Other Medical Conditions (i.e. asthma, diabetes, epilepsy, physical limitations, etc.)

Medical Plan For Allergic Reactions: _____

Parent/Guardian Name _____ Home Phone _____

Home Address _____

Place of Work _____ Work Phone _____

Work Schedule _____

Parent/Guardian Name _____ Home Phone _____

Home Address _____

Place of Work _____ Work Phone _____

Work Schedule _____

Parent's Marital Status: Married Separated Divorced

Is Either Parent Deceased? _____ Remarried? _____

Custody Arrangements? _____

Is anyone restricted from seeing or picking up the child(ren)? Is so, please list.

In an emergency contact:

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Who will regularly pick up child(ren):

Name	Relationship	Vehicle Type
_____	_____	_____
_____	_____	_____

Is there any additional information you would like to share about your child? (favorite things, food likes, special interests or fears, etc)

Emergency Medical Care Authorization

I hereby give permission for emergency medical treatment for my child _____ if requested by _____, who is our child care provider.

Please note that my child is allergic to the following medications: _____

It is also important to note that my child has the following special medical conditions _____

Parent Signature Parent Signature Date

I/We attest that the information listed on this application is as accurate and complete as possible.

Parent Signature Parent Signature Date

✦ ATTACH CHILD'S CURRENT IMMUNIZATION RECORD ✦