Drop In Application
APPLICATION

Child's First Name:_____**Last Name:** _____

Date of Birth: ____/____/____ **Child's Age** _____

Parents or Guardian's Name(s): _____

Address: _____**Home Phone #:** _____

Mother's Work Phone #_____**Father's Work Phone#:** _____

Mother's Cell# _____**Father's Cell Phone#**: _____

Person(s) authorized to pick up your child / Emergency Contacts: (**Person must show picture I.D.**)
Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Student lives with: ___ Father ____ Mother ___ Step Parents ___ Foster ___ Legal Guardian ___ Other

Primary Language: □ English □ Spanish □ Other: _____

Is your child under medical care or taking any medication(s)? □ Yes □ No

If yes, please check all the following conditions that your child has and indicate if medication needs to be dispensed at school?

□ Bee Sting Allergy	Epi-pen	□ Yes □ No	□ Other Allergies: _____
□ Asthma	Inhaler	□ Yes □ No	□ Special Needs / Disability: _____
□ Diabetes	Insulin	□ Yes □ No	□ Other: _____
□ Vision / Hearing	Glasses	□ Yes □ No	

Family Health Care: Physician's Name: _____ Phone #:_____

Medicaid: □Yes □ No Health Insurance# _____

Does the NVCDC program have permission to use photos of your child in educational or promotional materials? (There is no cost.) Yes: _____ No: _____

Parent or Guardian Signature: _____ **Date:** _____

For Office Use Only
Enroll Date/Drop-In Date:_____ Initials: _____ Amount Paid $_____

Date Disenrolled: _____Reason:_____

New Vineyard Community Development Center
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