KIDSPLAY childcare

Little Pumpkin Munchkins

9634 Pinnacle Road
Sauquoit, NY 13456

Application Form

Full name of chiid:		**Name usually known by:**		
Date of Birth:		**Sex:**	☐ Boy	☐ Girl
Address:				
Address:				
Postcode:		**Home Phone:**		

Mother's Details:			
Mother's name:			
Occupation:		**Employer:**	
Work phone number:		**Mobile phone number:**	
Email address:			
Address (if different from child's:			
Address:		**Postcode:**	

Father's Details:			
Father's name:			
Occupation:		**Employer:**	
Work phone number:		**Mobile phone number:**	
Email address:			
Address (if different from child's:			
Address:		**Postcode:**	

Who has parental responsibility?:			
Name:		**Name:**	
Are there any contact restrictions (if yes please give details below):	☐ Yes	☐ Yes	
Details:			

Other Emergency Contacts:			
Name:			
Telephone Number:		**Relationship to child:**	
Name:			
Name:		**Relationship to child:**	

Day	Morning				Afternoon				Full Day
Monday	From:		To:		From:		To:		
Tuesday	From:		To:		From:		To:		
Wednesday	From:		To:		From:		To:		
Thursday	From:		To:		From:		To:		
Friday	From:		To:		From:		To:		

Doctor's Details:			
Doctor's name:			
Doctor's address:			
Postcode:		**Doctor's phone number:**	
Health visitor's name:		**Health visitor's phone number:**	

Medical Details:

Medical Details
Does your child have any medical problems that we should be made 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 made aware of? Please give details below:

Special Dietary Requirements
Does your child have any special dietary requirements? e.g. Vegetarian. Please give details below:

Permissions:		
Do you give the day care permission to take photographs of your child for development files?	☐ Yes	☐ No
Do you give the day care permission to take photographs of your child for promotional purposes?	☐ Yes	☐ No
Do you give the day care permission to use sunscreen (factor15+)?	☐ Yes	☐ No
Do you give the day care permission to use baby wipes/teething gel/sudocream?	☐ Yes	☐ No
Do you give the day care permission to administer first aid?	☐ Yes	☐ No
Do you give the day care permission to take your child on outings to zoos etc?	☐ Yes	☐ No
Is your child potty trained?	☐ Yes	☐ No

Signature: _____ **Date:** _____

Collection Arrangements

Who is authorised to collect your child form day care other than parents? Your child will only be allowed to leave day care with people listed here. **Any changes to this information should be made in writing to the Day Care Manager.**

Name:		**Relationship to child:**	
Name:		**Relationship to child:**	
Name:		**Relationship to child:**	

As an extra precaution you may use a password. Anyone collecting your child should be made aware of this**.**

Password:		

Child's Background

Child's Religion:		**Child's Ethnic Group:**	
What is the first language spoken at home?:			
Is there any other language spoken at home?:			

I understand and acknowledge that the fee due for my child's day care place is to be paid per payment agreement chosen.
I further agree to give one month's notice or payment in lieu of notice if I wish to withdraw my child from the day care.
I understand that failure to pay said fees may result in loss of childcare provision.

Signature: _____ **Date:** _____