## K's Little Sunshine Daycare

**Mission Statement**: To provide high quality, developmentally appropriate child care for preschool children with focus on the individual child's age and ability to stimulate social, cognitive, physical and emotional growth. To provide a safe, nurturing and recreational environment.

Child's Information				
First name:	Last name:	M.I		
Street address:	City:	State:	Zip code:	_
Age of Child	Birthday			
Sex: o Boy o Girl				
Hours of Child care required (o Full day	Daycare hours are 7 an	n to 6:00 pm)		
Please mark the days of week o Monday o Tuesday o Wednesday o Thursday o Friday	t you will need childcar	e:		
Parent/ Guardian's name	P!	hone number		
Place of work	Email add	lress		
Parent/ Guardian's name	PI	hone number		
Place of work	Email add	lress		
People authorized to pick up	your child			

\*Please list name and address, telephone, and email address for authorized contacts.

## \* Child will only be released to authorize person with matching Drivers License ( No Exceptions)

Emergency Contact 1		
In the event of an emergen	cy, please contact:	
First name:	Last name:	
Primary phone number	Secondary phone number	
Emergency Contact 2		
In the event of an emergen	cy, please contact:	
First name:	Last name:	
Primary phone number	Secondary phone number	
Other people authorized to	pick up your child from school	
First name:	Last name:	
First name:	Last name:	
Medical information		
Doctor:	Doctor's phone number:	-
Dentist:	Dentist's phone number:	-
Preferred Hospital:	Insurance/health coverage:	
Please list any of the follo	owing:	
Current Medications		
Medication Allergies		
Food Allergies		
Chronic Health Concerns		

Do you give the daycare permission to take photographs of your child promotional purposes?					
isclaimer: We are not able to provide lunch at this time. We will only provide snacks.					