



A Solid Foundation Learning Center

Application of Child Information

Name of Child: _____ DOB: _____

Address: _____

Days of the week requesting care: _____

Hours of care requested: _____ Enrollment Date: _____

Parents or other Person(s) responsible for the child:

Name: _____ Relationship to child: _____

Primary Phone: _____ Email: _____

Home Address: _____

Place of employment: _____

Address: _____

Work Phone: _____ Work hours: _____

Parent DOB _____

Name: _____ Relationship to child: _____

Primary Phone: _____ Email: _____

Home Address: _____

Place of employment: _____

Address: _____

Work Phone: _____ Working Hours: _____

Parent DOB _____

Other People to notify if person placing the child cannot be reached:

Name: _____ Relationship to Child: _____

Phone Number: _____ City and State: _____

Name: _____ Relationship to Child: _____

Phone Number: _____ City and State: _____

Please let us know if your child has any of the following. If so, please explain:

Medical Problems:

_____.

Physical Limitations:

_____.

Restrictions for play – Outdoors:

_____.

Restrictions for play – Indoors:

_____.

Allergies (Doctor Documentation may be required):

_____.

Other information that will help in caring for the child:

_____.