

Date Application Completed: _____ Date of Enrollment: _____

CHILD'S APPLICATION FOR ENROLLMENT

To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually.

CHILD INFORMATION

Full Name: _____	Date of Birth: _____
Last: _____	First: _____
Middle: _____	Nickname: _____
Child's Physical Address: _____	

FAMILY INFORMATION

Child lives with: _____	
Father/Guardian Name _____	Home Phone _____
Address (if different from child) _____	Zip Code _____
Work Phone _____	Cell Phone _____
Mother/Guardian Name _____	Home Phone _____
Address (if different from child) _____	Zip Code _____
Work Phone _____	Cell Phone _____

CONTACTS

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number

HEALTH CARE NEEDS

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional.

Medical action plan attached? Yes No

List any allergies and the symptoms and type of response required for allergic reactions:

List any health care needs or concerns, symptoms of and type of response for these needs or concerns:

List any particular fears or unique behavior characteristics the child has:

List any types of medication taken for health care needs:

Share any other information that has a direct bearing on assuring safe medical treatment for your child:

EMERGENCY MEDICAL CARE INFORMATION

Name of health care professional	Office Phone
<hr/>	<hr/>
Hospital Preference	Phone
<hr/>	<hr/>

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian _____

Date _____

I, as the operator, agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator _____

Date _____