



Application

Child name _____

Address _____

Street City Zip
Home Phone/Cell Phone/Pager _____

Birthdate _____ Birthplace _____

Father or Guardian's Name _____

Telephone number at work _____

Email Address _____

Mother or Guardian's Name _____

Telephone number at work _____

Email Address _____

Child lives with: (Check one) Both parents _____ Mother _____ Father _____

List the name and birthdate of all children living in your home:

Family Doctor _____ Telephone _____

Address _____

In the event I cannot be reached, please call (these individuals are also authorized to pick-up my child):

Name	Relation to the Child Phone	Address
1. _____	_____	_____
2. _____	_____	_____

List any serious allergies (such as insect bites, food allergies, etc.)

List any disabilities or special needs _____

Has the child ever attended any other day-care (if yes which one) _____

Day the child will attend: Mon Tue Wed Thu Fri
(Please circle)





AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION FOR

(Child's Name) _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to

Name of Licensed Physician _____ Address _____ Telephone No. _____

Or to (name of hospital or clinic) _____ Address _____ Telephone No. _____

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic.

Signature - Parent or Legal Guardian

Date

TRANSPORTATION INFORMATION

Child will most frequently be picked up by

Other individuals authorized to pick up my child:

Name

Relationship

DAY CARE CENTER INFORMATION PACKET

This is to acknowledge that a staff member has provided me with an information packet and discussed it's contents.

Parent or Guardian's Signature

Date

CHANGES : In the event any of this information changes, please notify us immediately. Thank you.

