



Date _____
Medical _____ Reg. Fee _____

CHILD'S APPLICATION

Name of Child _____
(Last) (First) (Middle) (Nickname)

Address _____

Child's Social Security Number _____ Birthdate _____ Sex _____

FAMILY INFORMATION

Father's Name _____ Mother's Name _____

Street Address _____ Street Address _____

City, State, Zip _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ Home Phone _____ Cell Phone _____

Employer _____ Employer _____

Business Phone _____ Business Phone _____

If child is not living in home of parents, name of responsible adult: _____

Address _____ Home Phone _____ Business Phone _____

If you cannot call for your child, please give name of person(s) to whom the child may be released:

CHILD'S INFORMATION

Does your child have any known allergies such as dust, drugs, plants, animals, food, etc? If yes, what are they?

Please give any information concerning your child which will be helpful in his experience in group living (such as play, eating and sleeping habits, special fears, special likes or dislikes.)

EMERGENCY CARE INFORMATION

Child's Doctor _____ Phone _____ Office Address _____

Child's Dentist _____ Phone _____ Office Address _____

Hospital Preference _____

If neither father nor mother (or guardian) can be contacted, call:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Signature of Parent _____ Date _____ Signature of Parent _____ Date _____

I, as the operator, do 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 any medication without special instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate recreation and outdoor play.

Signature of Director _____ Date _____