



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

Last **First Name** **Middle** **DOB**

Child's Address

Child lives with (list names)

Family Information

Father/Guardian's name

Address (if different from child's) **Zip Code**

Home Phone **Work Phone** **Mobile Phone**

Email

Mother/Guardian's name

Address (if different from child's) **Zip Code**

Home Phone **Work Phone** **Mobile Phone**

Email



Contacts:

Children 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 parent/ guardians cannot be reached, the facility has permission to contact the following individuals:

Name	Relationship	Address	Phone Number
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Name	Relationship	Address	Phone Number
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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. Is there a medical 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 or and type of response for these health care needs or concerns

List any particular fears or unique behavioral characteristics the child has

List any types of medication taken for healthcare needs

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



Emergency Medical Care Information

Name of healthcare professional

Phone

Hospital preference

Phone

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

Signature of Administrator

Date