

Application Date _____

Date of Enrollment _____

CHILD'S APPLICATION AFTER SCHOOL
To be completed and placed on file prior to enrollment

Name of Child _____ Birth Date _____

(Last) (First) (MI) (Nickname)
Address _____ Zip
Code _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Home Phone _____

Address (if different) _____

Where Employed _____ Business
Phone _____

Mother/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Where Employed _____ Business
Phone _____

Insurance Carrier _____ Policy

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies: No _____ Yes _____ Explain:

Does your child have any chronic illnesses/conditions: No _____ Yes _____
Explain: _____

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

EMERGENCY CARE INFORMATION:

Name of child's Doctor _____ Office
Phone _____
Address _____

Name of child's Dentist _____ Office
Phone _____
Address _____

Hospital Preference _____ Phone

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

Name _____ Relationship _____

Home Phone _____ Office Phone _____

Name _____ Relationship _____

Home Phone _____ Office Phone _____

If you cannot call for your child, please give the names of persons to whom the child can be released:

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: _____

Date: _____

I, as the operator, do agree to provide transportation to an appropriate medical resource 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 any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play

Signature of Operator: _____

Date: _____

