

Enrollment Date _____

Enrollment Termination Date _____

APPLICATION FOR ADMISSION TO CHILD CARE

Child's Name _____ Preferred Name/Nickname _____ Birth Date _____

Home Address _____ City/State _____ Zip Code _____ Phone Number _____

Allergies & Other Medical Conditions (i.e. asthma, diabetes, epilepsy, physical limitations, etc.)

Medical Plan For Allergic Reactions: _____

Parent/Guardian Name _____ Home Phone _____

Home Address _____

Place of Work _____ Work Phone _____

Work Schedule _____

Parent/Guardian Name _____ Home Phone _____

Home Address _____

Place of Work _____ Work Phone _____

Work Schedule _____

Parent's Marital Status: Married Separated Divorced

Is Either Parent Deceased? _____ Remarried? _____

Custody Arrangements? _____

Is anyone restricted from seeing or picking up the child(ren)? Is so, please list.

In an emergency contact:

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Who will regularly pick up child(ren):

Name

Relationship

Vehicle Type

Name

Relationship

Vehicle Type

Is there any additional information you would like to share about your child? (favorite things, food likes, special interests or fears, etc)

Emergency Medical Care Authorization

I hereby give permission for emergency medical treatment for my child _____
if requested by _____, who is our child care provider.

Please note that my child is allergic to the following medications: _____

It is also important to note that my child has the following special medical conditions _____

Parent Signature

Parent Signature

Date

I/We attest that the information listed on this application is as accurate and complete as possible.

Parent Signature

Parent Signature

Date

✦ ATTACH CHILD'S CURRENT IMMUNIZATION RECORD ✦

PROVIDER-PARENT/GUARDIAN CHILD CARE AGREEMENT

The following agreement is made between:

Mother/Guardian

and

Father/Guardian

Child Care Provider

For the care of: _____

Child's Name

Rates/Payment Policies:

The payment fee is: \$_____ per week day hour

Care will be provided normally from _____ am/pm to _____ am/pm on the following days
(circle all that apply):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Additional Fees:

Payment is due on: _____

Overtime Rates: _____

The day care is planned to be closed on the following days: _____

Charges related to child care closings: _____

Charges for a child's absence: _____

✦ OTHER PROVIDER POLICIES OR PARENT REQUESTS ✦