

NURSEry Rhymes Child Care Center Application for Admission

Date Application Completed _____

Date of Enrollment _____

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:

Date of Birth: _____

Full Name: _____

Last	First	Middle	Nickname
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Child's Physical

Address: _____

FAMILY INFORMATION:

Child lives with: _____

Father/Guardian's Name _____

Home Phone _____

Address (if different from child's) _____

Zip Code _____

Work Phone _____

Cell Phone _____

Mother/Guardian's

Name _____

Home Phone _____

Address (if different from child's) _____

Zip Code _____

Work Phone _____

Cell Phone _____

CONTACTS:

Child 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 parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number
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_____	_____	_____	_____
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_____	_____	_____	_____
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Your child will arrive and depart from child care :

Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____.

HEALTH CARE NEEDS:

List any allergies and the symptoms and type of response required for allergic reactions.

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns.

List any particular fears or unique behavior characteristics the child has.

List any types of medication taken for health care needs.

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

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____
Office 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 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 specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of
Administrator _____ Date _____