

CHILD'S APPLICATION FOR HIS KIDS CHILDCARE CENTER

Application Date: _____

Date of enrollment: _____

Name of child _____
(Last) (First) (MI) nickname

Birth date: _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____
Home phone _____ cell phone _____
Address _____ Zip code _____
where Employed _____ business phone _____

Mother /Guardian's Name _____
Home phone _____ cell phone _____
Address _____ Zip code _____
where Employed _____ business phone _____

Insurance Carrier _____ Policy # _____
ID # _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies?:

No _____ Yes _____

Explain: _____

Please give any info concerning your child which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes or 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
(please list relationship)

Name _____
Home phone _____ Office phone _____

Name _____
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 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 reasonable adult. I will not administer any drug
or 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)

Do you feel your child is at the same level of development, compared to other children this age?
Speech? _____ Vision? _____ Hearing? _____
Listening skills? _____ walking? _____ running? _____

Please explain any concerns you have about your child's development.

Are there any court authorized restriction related to custody or visitation? _____ If yes, please describe:

**** You must supply documentation ****

I give my permission for my child to participate in walks, strolls, and playing outside the fenced in areas if my child is accompanied by staff:

(Signature)

Date

_____ I do

_____ I do not

give permission to have my child appear in any media coverage approved by the program.

_____ I do

_____ I do not

give permission to have my child photographed to use for classrooms purposes and yearbook (Mother's day, Father's day, Christmas and Thanksgiving programs, etc.

The above information is as accurate and complete as possible. I agree to provide His Kids Childcare Center with any changes in the requested information.

(Signature)

(Date)