CHILD'S APPLICATION FOR CHILD CARE

To be completed and placed on file prior to enrollment

Name of Child _					Birth date
792	(Last)	(First)	(MI)	(Nickname)	40.00
Address					Zip Code
INFORMATIO	ON AROL	T THE E	MILV:		
Father/Guardian		A ARREST	ALTERNATION		Home Phone
Address					Zip Code
Where Employee	1			E	lusiness Phone
Mother/Guardian	's Name				Home Phone
Address					Zip Code
Where Employed	11			E	Jusiness Phone
Insurance Carrie					Policy #
INFORMATIO		Non-Services	CHILD:		
Does your child				Yes Explain:	
Does your child hi	ive any chro	nic illnesses/c	onditions; N	o Yes Ex	plain:
EMERGENC' Name of child's			TION:		Office Phone
Address	doctor				Cities a Benie
Hospital preferer	nce.				Phone
If neither father i	nor mother	(or guardian) can be con	stacted, call (please	list relationship):
Name	ame Hom			e Phone Office Phone	
Name			Ho	me Phone	Office Phone
If you cannot call released:	for your chil	d, please give	the names o	f persons to whom the	e child can be
I agree that the op- neither I nor the fa	erator may a amily physic	athorize the p ian can be con	bysician of I	is/her choice to provi diately.	de emergency care in the event that
		(Signature			(Date)
emergency situation of the control o	on, other chi ation withou	dren in the fo t specific inst	cility will be tructions from	supervised by a response	resource in the event of emergency. In a onsible adult. I will not administer my child's parent, guardian, or full-time oor play.
		(Signature	of Operato	a)	(Date)