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## APPLICATION FOR ADMISSION TO CHILD CARE

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Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Phone Number \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Allergies & other medical conditions (i.e. asthma; diabetes; epilepsy; physical limitations; etc.):  
\_\_\_\_\_

Plan of Action for allergic reactions: \_\_\_\_\_  
\_\_\_\_\_

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Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent's Marital Status: Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Other: \_\_\_\_\_

Is either Parent Deceased? \_\_\_\_\_ Remarried? \_\_\_\_\_ Custody Arrangements? \_\_\_\_\_

Is anyone restricted from seeing or picking up the child? If so, please list: \_\_\_\_\_

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### In an emergency contact: *(alternate names other than parent/guardian)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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## Emergency Medical Care Authorization

I hereby give permission for emergency medical treatment for \_\_\_\_\_

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 Printed Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Printed Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_