



## Application for Enrollment

To be completed and placed on file prior to enrollment.

Date of Enrollment: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(Least) (First) (MI)

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

### Family Information

Father/Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy No: \_\_\_\_\_

### General Information

Does your child have any known allergies: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, to what? \_\_\_\_\_

Please give any information concerning your child which will be helpful in his/her experience in a group setting (i.e. eating or sleeping habits, special fears, special likes/dislikes): \_\_\_\_\_

### Emergency Information

Name of child's doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

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

Name of child's dentist: \_\_\_\_\_

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

Hospital Preference: \_\_\_\_\_ Office Phone: \_\_\_\_\_

If there is an emergency and neither father nor mother (or guardian) can be contacted, please call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor myself can be contacted immediately.

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the even of an 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. Provisions will be made for adequate and appropriate rest and outdoor play.

\_\_\_\_\_  
(Signature of Director)

\_\_\_\_\_  
(Date)