

Parent Handbook was given to Parents on ___/___/___ Parent Signature_____

Clover Pass Preschool & Daycare Application

Child's Name: _____ Birth Date: _____

Family Information

Mother: _____ **Father:** _____

Home address: _____ Home address: _____

Mailing address: _____ Mailing address: _____

Email address: _____ Email address: _____

Home phone: _____ Home phone: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Cell phone: _____

Employer: _____ Employer: _____

Child resides with: Mother _____ Father _____ Both _____ Guardian _____

Notices sent to: Mother _____ Father _____ Both _____ Guardian _____

Guardianship - If child is currently in the custody of a legal guardian other than a parent, please complete section below

Legal Guardian: _____ **Legal Guardian:** _____

Home address: _____ Home address: _____

Mailing address: _____ Mailing address: _____

Home phone: _____ Home phone: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Cell phone: _____

Employer: _____ Employer: _____

How long has this child been in your custody? _____

Are there any legal issues that we should be aware of? i.e. No contact orders, etc.

Yes _____ No _____ If "yes" please provide documentation for the child's file

Emergency Information

Child's regular doctor/medical care provider and hospital: _____

Emergency contact (other than parent): _____

Relationship to child: _____ Phone: _____ Alt. phone: _____

Health History

Has your child been hospitalized or treated by a physician in the last 2 years?

Yes _____ No _____ If "yes" please explain _____

Is your child currently taking any medication? Yes _____ No _____

If "yes" please explain _____

Has your child received all required immunizations*? Yes _____ No _____

If "no" please explain _____

**Parents are responsible for providing their child's current immunization records to comply with Alaska health regulations*

Please check any of the following disorders that your child has experienced

	Anemia		Asthma		Bladder Disease		Polio
	Cancer		Chicken Pox		Convulsions		Blood Disease
	Ear Infections		Ear Tubes		Eye Disease		Diabetes
	Heart Trouble		Sinus Infection		Hepatitis		Hernia
	Headaches		Plant Allergies		Fainting		Scoliosis
	Orthopedic Problems		Penicillin Allergy		Hand, Foot, & Mouth disease		Rheumatic Fever

Does your child suffer from allergies of any kind? Yes _____ No _____

If "yes" please explain: _____

Please list any major injury your child has experienced: _____

Child's Information

Has your child ever been dismissed, suspended, expelled or refused admission to any daycare facility? Yes _____ No _____ If "yes" please explain: _____

How does your child relate to people he/she does not know? _____

How does your child relate to others, both children and adults? _____

Please comment a little on your child's personality; is he/she shy? Is there anything they are particularly afraid of or nervous about, etc? _____

Has your child ever been enrolled or recommended for special programs such as speech therapy, help with a learning disability? _____ If "yes" please explain _____

Does your child show a special interest in anything specific? i.e. dolls, trains, animals, books _____

Do you have any concerns about placing your child in a daycare environment? _____

Nap Time:

Infant (0 - 18 months) – How does your child go down for naps? _____

Toddler (19 – 36 months) – Does your child normally nap during the day? _____

If so, at what time? _____

Child (37 months – 6 years) – Does your child have a nap time (Y/N) or quiet time (Y/N)?

Any other comments? _____

Financial Information

Who will be responsible for payment of child’s daycare fees?

Father_____ Mother_____ Both_____ Other_____

If “other” please provide the following information:

Name:	_____
Mailing Address:	_____ _____ _____
Home phone:	_____
Work phone:	_____
Relationship to child:	_____

Preferred Send Method:

___ Email email address: _____

___ Mail mailing address: _____

Child’s Schedule, Days & Hours* (needs to be approved by Daycare Administrator):

Requested Start Date _____

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

*drop-off and pick-up times must be within 15 minutes of approved time.

I agree to pay for the approved days and times my child attends daycare. I agree to pay extra fees charged to me for my child being at daycare during uncontracted days or times.

Payment is due on the 5th of the month - Clover Pass Daycare bills monthly, for the month ahead

Parent’s Signature: _____	Date: _____
Administrator’s Signature: _____	Date: _____

Please note, we do staff according to your contracted times and days. Please call the Administrator if you need to change your contract. Also, call any time your child will not be attending daycare for your contracted day/time due to illness, vacation, etc. Thanks!

Child Care Assistance:

If you are receiving Child Care Assistance, please provide us with your authorization.

If you are interested in more information on child care assistance, please call:

Child Care Program Office – 1-888-268-4632

Pick Up Authorization

Child's Name _____ Male/Female _____

Date of Birth _____

I certify that I am the parent/legal guardian of the above mentioned child. I authorize Clover Pass Daycare to release my child into the care of any one of the following individuals. I agree that once my child leaves the premises, Clover Pass Daycare will no longer be responsible or liable for him/her.

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Guardian's Signature _____ Date _____