

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: _____

Mailing address: _____

Email address: _____

Home phone: _____

Work phone: _____

Cell phone: _____

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: _____

Mailing address: _____

Home phone: _____

Work phone: _____

Cell phone: _____

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

<input type="checkbox"/>	Anemia	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Bladder Disease	<input type="checkbox"/>	Polio
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Convulsions	<input type="checkbox"/>	Blood Disease
<input type="checkbox"/>	Ear Infections	<input type="checkbox"/>	Ear Tubes	<input type="checkbox"/>	Eye Disease	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	Sinus Infection	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	Hernia
<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Plant Allergies	<input type="checkbox"/>	Fainting	<input type="checkbox"/>	Scoliosis
<input type="checkbox"/>	Orthopedic Problems	<input type="checkbox"/>	Penicillin Allergy	<input type="checkbox"/>	Hand, Foot, & Mouth disease	<input type="checkbox"/>	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):

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:

Public Assistance (Pass 1) – 1-800-478-2135

Catholic Community Services (Pass 2 & 3) – 1-907-463-6121

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 _____