

Child Application Form

Child's Name: _____ Nickname: _____

Birthdate: _____ Sex: _____

Address: _____

Name of Mother or Guardian: _____

Address: _____

Home Phone #: _____ Pager/Cell Phone #: _____

Place of Employment: _____

Employment Address: _____

Work #: _____ Work Hours: _____

Name of Father or Guardian: _____

Address: _____

Home Phone #: _____ Pager/Cell Phone #: _____

Place of Employment: _____

Employment Address: _____

Work #: _____ Work Hours: _____

Custody-Visiting Arrangements (if any):

Person who may pick up your child on a regular basis:

Name: _____ Relationship: _____

Address: _____ Work Phone #: _____

Home Phone #: _____

Name: _____ Relationship: _____

Address: _____ Work Phone #: _____

Home Phone #: _____

Name: _____ Relationship: _____

Address: _____ Work Phone #: _____

Home Phone #: _____

Persons who may pick up your child occasionally:

Name: _____ Relationship: _____

Address: _____ Work Phone #: _____

Home Phone #: _____

When is this person allowed to pick up _____

Name: _____ Relationship: _____
Address: _____ Work Phone #: _____
Home Phone #: _____
When is this person allowed to pick up _____

Name: _____ Relationship: _____
Address: _____ Work Phone #: _____
Home Phone #: _____
When is this person allowed to pick up _____

Persons to be notified in case of an emergency:

Name: _____ Relationship: _____
Address: _____
Day Phone #: _____ Evening Phone #: _____

Name: _____ Relationship: _____
Address: _____
Day Phone #: _____ Evening Phone #: _____

Name: _____ Relationship: _____
Address: _____
Day Phone #: _____ Evening Phone #: _____

Doctor's/Certified Licensed Practitioner's Name: _____
Phone #: _____ Address: _____

Parent/Guardian Signature: _____ Date: _____

To be filled out by center

Enrollment Date: _____
Discharge Date: _____

Hours of care needed:
Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____