

**APPLICATION/RECORD OF CHILD INFORMATION**

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date Child Received: \_\_\_\_\_ Date Child Left: \_\_\_\_\_

**PARENT OR GUARDIAN(S) PLACING THE CHILD**

Name: _____	Name: _____
Relation to Child: _____	Relation to Child: _____
Home Address: _____	Home Address: _____
Phone Number: _____	Phone Number: _____

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**EMPLOYMENT**

Place of Employment: _____	Place of Employment: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
Working Hours: _____	Working Hours: _____
Name: _____	Name: _____

**EMERGENCY CONTACT**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Hospital/Clinic: \_\_\_\_\_

**DENTIST**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Clinic: \_\_\_\_\_

**EMERGENCY MEDICAL CARE**

This authorizes \_\_\_\_\_  
to secure EMERGENCY medical care for my/our child when I/we cannot be immediately  
reached at the time of emergency. I/we will be responsible for the emergency medical charges  
upon receipt of the statement. \_\_\_\_\_ is the preferred doctor/clinic/hospital.  
Either the director or assistant director will accompany or follow my/our child to the hospital until  
I/we arrive.

**PROGRAM**

Days Per Week: \_\_\_\_\_  
Hours of Care: \_\_\_\_\_  
Rate Agreement: \_\_\_\_\_

**CHILD PICK UP**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**CHILD INFORMATION**

If the child have any Medical Problems/Physical Handicaps, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the child regularly take medication: YES \_\_\_ NO \_\_\_

If so, what kind and Directions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Fears: \_\_\_\_\_

Is the child toilet trained YES \_\_\_ NO \_\_\_

*If the child is an infant please specify feeding instructions:*

Feeding Times: \_\_\_\_\_

Bottle Ounces: \_\_\_\_\_

Bottle Temperature: \_\_\_\_\_

**Diaper Changes:**

Powder: YES \_\_\_ NO \_\_\_

Ointment: YES \_\_\_ NO \_\_\_

Other Information That Will Help When Caring For Your Child: \_\_\_\_\_

\_\_\_\_\_

X

\_\_\_\_\_

Parent/Guardian

Date

X

\_\_\_\_\_

Parent/Guardian

Date

X

\_\_\_\_\_

Director

Date