

Date Application Completed or Updated _____

Date of Enrollment _____

CHILD'S APPLICATION FOR ENROLLMENT

To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually.

CHILD INFORMATION:

Date of Birth: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

FAMILY INFORMATION:

Child lives with: _____

Father/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

Mother/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

CONTACTS: Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application.

Name	Relationship	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

HEALTH CARE NEEDS: For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes ___ No ___

List any allergies and the symptoms and type of response required for allergic reactions. _____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns. _____

List any particular fears or unique behavior characteristics the child has _____

List any types of medication taken for health care needs _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child _____

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____

Hospital preference _____ Phone _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of 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.

Signature of Administrator _____ Date _____

Additional Contacts:

Name: _____ Relationship: _____ Phone #: _____ Emergency/ Pick-up
Name: _____ Relationship: _____ Phone #: _____ Emergency / Pick-up
Name: _____ Relationship: _____ Phone #: _____ Emergency / Pick-up
Name: _____ Relationship: _____ Phone #: _____ Emergency/ Pick-up
Name: _____ Relationship: _____ Phone #: _____ Emergency / Pick-up
Name: _____ Relationship: _____ Phone #: _____ Emergency / Pick-up

In addition, if my child's hands and arms become dry and the center feel deemed necessary for lotion to be applied,

_____ I grant permission to Care-O-World Enrichment Center to apply a sensitive skin, no odor lotion to the hands and arm of my child

_____ I do not grant permission for Care-O-World Enrichment Center to apply a sensitive skin, no odor lotion to the hands and arm of my child.

In addition, If the facility has planned activities outside the fenced area of the facility,

_____ I will allow my child to play outside the fenced area: or

_____ I will not allow my child to play outside the fenced area.

I, the undersigned parent or guardian of _____ do hereby state that I have read and received a copy of Care-O-World's Parent Handbook.

My primary email address is: _____

Allergies: _____

Special
Diet: _____

By signing below, I confirm that the information on the front and back of this form is true and accurate to the best of my knowledge.

Parent/Guardian name(Print): _____

Parent/Guardian signature: _____ Date: _____