

CHILD'S APPLICATION FOR CHILD CARE

To be completed and returned

Child's Name: _____
(Last) (First) (MI) (Nickname)

Address: _____

Birth Date: _____ Age: _____ Grade: _____

School: _____ Teacher: _____

FAMILY INFORMATION

Father's/Guardian Name: _____ DOB: _____

Address (if different than child): _____

Home Phone: _____ Cell Phone: _____

Employer: _____

Work Phone: _____ Ext: _____

Mother's/Guardian Name: _____ DOB: _____

Address (if different than child): _____

Home Phone: _____ Cell Phone: _____

Employer: _____

Work Phone: _____ Ext: _____

If divorced or separated, please describe custody and visitation agreement for your child.
Please note any special circumstances we should be aware of:

List all brothers/sisters including ages: _____

INFORMATION ABOUT YOUR CHILD

Child's Name: _____ DOB: _____

Does your child have any known allergies: No _____ Yes: _____

Explain: _____

Please give any information concerning your child which will be helpful in his/her experience in after school care, such as plying, eating, special fears, likes and dislikes...

Does your child take medications on a regular basis? _____ If so what are they:

Name of child's doctor: _____

Address: _____ Office Phone: _____

Name of child's dentist: _____

Address: _____ Office Phone: _____

Hospital preference: _____ Phone: _____

Health Insurance Company: _____

Policy Holder: _____ Policy Number: _____

My child is covered by foresaid policy. I agree to pay any medical expenses, if an accident should occur, to the attending physician and/or hospital:

If neither father nor mother (nor guardian) can be contacted, call (please list relationship)

Name: _____ Home Phone: _____ Office Phone: _____

Name: _____ Home Phone: _____ Office Phone: _____

If you cannot call for your child, please give the names of persons to whom the child can be released:

In the event of an illness or accident, which required immediate medical attention, at a time when a parent/guardian cannot be located, I give permission for the Director of All About Kids After School, or other personnel designated by the Director, to authorize treatment. I will not hold New Hope Wesleyan Church, it's Pastor, Staff, Volunteers or medical personnel responsible in the event of an accident, injury, loss or death.

Signature of Parent/Legal Guardians:

_____ Date: _____

_____ Date: _____

Signature of Operator:

_____ Date: _____