



Application Date _____

Date of Enrollment _____

CHILD'S APPLICATION

CHILD DEVELOPMENT CENTER

Name of Child _____ Birth Date _____
(Last) (First) (MI) (Nickname)

Address _____ Zip Code _____

INFORMATION ABOUT THE FAMILY:

Mother/Father Guardian's Name _____ Home Phone _____

Lives with (Y/N) ___ Address _____ Cell Phone _____

Where Employed _____ Business Phone _____ ext _____

E-mail Address: _____

Mother/Father Guardian's Name _____ Home Phone _____

Lives with (Y/N) ___ Address _____ Cell Phone _____

Where Employed _____ Business Phone _____ ext _____

E-mail Address: _____

Insurance Carrier: _____ Policy # _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies including Food Allergies: No _____ Yes _____

Explain:

Please give any information concerning your child which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes). _____

EMERGENCY CARE INFORMATION:

Name of child's Doctor _____ Office Phone _____

Address _____

Name of child's Dentist _____ Office Phone _____

Address _____

Hospital Preference _____ Phone _____

If neither guardian can be contacted or cannot call for your child, please give the names of persons to whom the child can be released:

Name	Relationship	Gender	Home #	Work #	Cell #

I agree that someone from WEE SCHOOL may authorize a physician of his/her choice to provide emergency care in the event that I cannot be contacted immediately.

(Signature of Parent)

(Date)

I, as a representative of WEE SCHOOL, 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 Operator)

(Date)