Children's Campus
First Steps to a Lifetime of Learning

Date Application Completed_____ 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: Please list the names of individuals to whom the center may release the child, as authorized by the person who signs the application. The operator, administrator, and staff shall release a child only to an individual(s) listed on the application.

_____

_____

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 chronic illness the individual has and any medication taken for that illness_____

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

_____

EMERGENCY MEDICAL CARE INFORMATION: Emergency medical care information must be on file for each individual child. This information must include the name, address, and telephone number of the parent or other person to be contacted in case of an emergency.

_____

Name Address Phone Number

_____

Name Address

Phone Number 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, 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_____