



### Application and Emergency Information

Date \_\_\_\_\_ Child's Name \_\_\_\_\_ (M F)

Birthdate \_\_\_\_\_ Enrollment Date \_\_\_\_\_ Age at Enrollment \_\_\_\_\_

Primary Hours of Care (Days) \_\_\_\_\_ (Time) From \_\_\_\_\_ To \_\_\_\_\_

Previous School Experience \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Phone Home \_\_\_\_\_ Phone Home \_\_\_\_\_

Work \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Place of Work \_\_\_\_\_ Place of Work \_\_\_\_\_

**Authorization For Emergency Medical Care** in the event of a serious illness or accident and if parent cannot be reached.

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Emergency Contacts** – Please Provide us with the names and phone numbers of people we can contact in the event of an emergency during school hours:

(1) Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

(2) Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Pick-Up Authorization other than parents (1) \_\_\_\_\_

(2) \_\_\_\_\_

Allergies \_\_\_\_\_

Special Needs & Instructions (Medications, Toilet Training, etc). \_\_\_\_\_

Parent Signature \_\_\_\_\_