

**EXTENDED DAY
CHILD ENROLLMENT APPLICATION**

Application Date: _____ **Date of Enrollment:** _____

Name of Child: _____ Birth Date: _____

Family Information

Father/Guardian Name: _____ Home Phone: _____

Address: _____ Zip Code: _____

Where Employed: _____ Business Phone: _____

Mother/Guardian Name: _____ Home Phone: _____

Address: _____ Zip Code: _____

Where Employed: _____ Business Phone: _____

Medical Information

Does your child have any allergies: ___No ___Yes

Explain: _____

Does your child have any chronic conditions: ___No ___Yes

Explain: _____

Please provide any information concerning your child which will be helpful in his experience in group settings (such as play, eating, rest habits, special fears, likes or dislikes)

Does the child have any physical disabilities? ___Yes ___No If yes, please describe:

Any mental disabilities? ___Yes ___No If yes, please describe:

Should any activities be limited? ___Yes ___No If yes, explain:

Emergency Care Information

Name of Child's Physician: _____ Office Phone: _____

Address: _____

Hospital Preference: _____ Phone: _____

Insurance Carrier: _____ Policy#: _____

**Please understand we may call 911 and transport to nearest hospital*

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If neither, mother or father can be contacted, please list alternate assistance:

Name: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Home Phone: _____ Cell Phone: _____

Please list three alternate individuals who can pick up your child:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Parent(s) Signature _____ **Date** _____

<p>Attach the Following Items Physical Examination Current Immunization Record Developmental Screening</p>
