



## CHILD CARE APPLICATION FOR ENROLLMENT

### Student Information:

Child's Full Name: \_\_\_\_\_

Last	First	Middle	Nickname
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Date of Birth: \_\_\_\_\_  Male  Female

Child's Address: \_\_\_\_\_

Primary Hours of Care: From: \_\_\_\_\_ To: \_\_\_\_\_

Days of the Week in Care:  M  T  W  TH  F

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### Family Information:

Child lives with:  Mother  Father  Both  Other (specify): \_\_\_\_\_

Family Status:  Married  Single  Divorced  Separated  Remarried

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(If different from above) City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

### Composition of Family: (Siblings, please include ages)

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**Emergency Contacts:** Your child will only be released to the custodial parent or legal guardian and the persons listed below. In cases of illness, accident, or emergency, if the custodial parent or legal guardian cannot be reached, the persons below will be contacted.

Name	Relationship	Work Phone	Home/Cell Phone
Name	Relationship	Work Phone	Home/Cell Phone
Name	Relationship	Work Phone	Home/Cell Phone
Name	Relationship	Work Phone	Home/Cell Phone
Name	Relationship	Work Phone	Home/Cell Phone
Name	Relationship	Work Phone	Home/Cell Phone

**Additional Pick-up:**

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**Medical Information:**

Doctor	Address	Phone
Dentist	Address	Phone

Hospital Preference: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern:

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- Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

All children that attend Annie's Nursery School must have immunizations upon enrollment.

Religious exemptions are NOT accepted at our facility.

- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY".

- Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility.

In addition, your signature authorizes us to perform any of the services that you indicate. Please **initial** next to the service(s) that you authorize Annie's Nursery School to perform if necessary.

I authorize Annie's Nursery School to administer First Aid to my child if needed.

I authorize Annie's Nursery School to administer any medications as indicated on the Medical Release Form.

I authorize Annie's Nursery School to contact 911 and to transport my child via ambulance to the hospital in the event of a medical emergency if I (or anyone listed as an emergency contact) cannot be reached immediately by phone.

Signing below verifies that you have received all the information listed above and all the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:

I have read and reviewed this application:

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Director

Date

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Assistant Director

Date

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Lead Teacher

Date