

THE LITTLE HARDY INNOVATORS DAY CARE INC. APPLICATION



Area A

Date_____

Name of Child_____ Start Date_____

Birth Date_____ Age_____ M/F_____

Parent/Guardian Name(s) _____

Home Address_____

E-Mail Address_____

ALL Applicable Phone Numbers_____

Area B

Employer_____

Address_____

Telephone Number_____

Working Days/Time_____

Area C

Child's Name _____ Birth date _____

Medical Alerts/Allergies (List **Any and All** food products)

Immunization Current? (Check One) Yes _____ No _____

Physician Name/ Address/ Phone Number _____

Physical Development

Type of Birth _____ Full Term? _____

Complications? _____ Premature? _____

Area D**Kinship Awareness**

Number of Siblings? _____ School Age? (Y/N) _____

Name(s) of Siblings _____

School(s) Sibling(s) Attend _____

Area E**Emergency Contact(s) for****Child's Name**_____ **Birth date**_____**Please List at least 2 with Complete Address and Phone Numbers****1. Name:** _____**Address:** _____

Telephone Number(s) _____

2. Name: _____**Address:** _____

Telephone Number(s) _____

3. Name: _____**Address:** _____

Telephone Number(s) _____

Area F

Child's Name _____ Birth date _____

Infant Information

Infant Name _____

Is your baby: Breast-fed? _____ Bottle-fed? _____ Both: _____

If breast-fed, will you come to feed your child at the Center? _____

When? _____ Supply Bottles _____

If bottle-fed, what type of formula does your child drink?

What food(s) is your baby eating now?

Fruit _____ Juices _____

Vegetables _____ Meats _____

Milk _____ Cereals _____

Child's Name _____ Birth date _____

Additional Comments:

Signature(s): _____

Date: _____

***Please fill out application in its Entirety. It is your responsibility to update any new information with The Little Hardy Innovator's staff with a verbal followed by written notice.**