

STATE APPLICATION

Child's Name: _____ Birth Date: _____
(Last) (First) (MI)

Mailing Address: _____
(Street) (City) (State) (Zip)

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name: _____ Home Phone: _____

Complete Mailing Address: _____

Where Employed: _____ Business Phone: _____

Mother/Guardian's Name: _____ Home Phone: _____

Complete Mailing Address: _____

Where Employed: _____ Business Phone: _____

Health Insurance Carrier: _____ Policy #: _____

INFORMATION ABOUT THE CHILD:

Does your child have any known allergies (circle one)? Yes No If yes, explain: _____

Please give any information concerning your child that would be helpful with his experience in a group setting such as, play, eating and sleeping habits, fears, likes, dislikes. _____

EMERGENCY CARE INFORMATION:

Child's Primary Care Physician Practice: _____ Phone: _____

Complete Address: _____

Child's Dentist: _____ Phone: _____

Complete Address: _____

Hospital Preference: _____ Phone: _____

If neither father nor mother (or guardian) can be contacted, call:

Name: _____ Home #: _____ Business #: _____ Cell #: _____

Name: _____ Home #: _____ Business #: _____ Cell #: _____

If you cannot pick up your child, please give the names of the persons to whom the child can be released:

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

(Signature of Parent/Guardian)

(Date)

OFFICE USE ONLY

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or medication without specific instructions from the physician or the child's parent, guardian or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

(Signature of School Administrator)

(Date)