

# CHILD'S APPLICATION FOR DAY CARE

Heather Park Child Development Center 932 Heather Park Drive Garner NC 27529 Ph: 919-779-2126

Application Date \_\_\_\_\_ Requested Enrollment Date \_\_\_\_\_ Actual Enrollment Date \_\_\_\_\_

Name of child (first, middle initial, last, nickname)	Birth Date
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Address (street, city, state, zip)

Name of school the child attends (if applicable)

For school-age children, please check which is required:  Before-school care  After-school care

## Family Information

Father/Guardian	Home Phone
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Home Address (street, city, state, zip)

E-mail Address	Mobile Phone
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Business Name & Address (street, city, state, zip)	Business Phone
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Mother/Guardian	Home Phone
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Home Address (street, city, state, zip)

E-mail Address	Mobile Phone
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Business Name & Address (street, city, state, zip)	Business Phone
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## Information About Your Child

Does your child have any allergies?  Yes  No If yes, please explain fully.

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Is your child currently on any medication?  Yes  No If yes, list medication(s).

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\_\_\_\_\_

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Has your child had any significant injury, hospitalization, or trauma, or family stress we should know about in order to effectively care for him or her?

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Please list any health concerns you or your doctor have observed that may affect your child during his or her daily routine at the center. For example: asthma, recurring stomach aches or headaches, bed wetting, nightmares, etc.

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Please give any information about your child which may be helpful in his or her experience in a group setting. For example, playing, eating, and sleeping habits, fears, likes, dislikes, etc.

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Please tell us about your child's previous day care experience(s).

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Please tell us anything else you would like us to know about your child.

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## Emergency Care Information

Name of Child's Doctor	Office Phone
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Doctor's Office Address (street, city, state, zip)

Name of Child's Dentist	Office Phone
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Dentist's Office Address (street, city, state, zip)

Hospital Preference	Hospital Phone
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Health Insurance Provider	Policy #
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If neither parent/guardian can be reached in an emergency, who should we contact?

Name	Relationship	Phone
Name	Relationship	Phone

In the event that neither parent/guardian is able pick up your child, please list the names of people to whom your child may be released. Be aware that anyone listed here will be required to show proper identification before being allowed to remove your child from the Center.

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I agree that the Center Director may authorize the physician of her choice to provide emergency care in the event that neither I nor my child's doctor can be contacted immediately.

Signature of Parent

Date

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

Signature of Director

Date