

SCHOOL-AGE 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
---	------------

Address (street, city, state, zip)

Name of school the child attends	Track (if applicable)
----------------------------------	-----------------------

Please check which is required: Before-school care After-school care Summer program Track-out program

Family Information

Father/Guardian	Home Phone
-----------------	------------

Home Address (street, city, state, zip)

E-mail Address	Mobile Phone
----------------	--------------

Business Name & Address (street, city, state, zip)	Business Phone
--	----------------

Mother/Guardian	Home Phone
-----------------	------------

Home Address (street, city, state, zip)

E-mail Address	Mobile Phone
----------------	--------------

Business Name & Address (street, city, state, zip)	Business Phone
--	----------------

Information About Your Child

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

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

Emergency Care Information

Name of Child's Doctor	Office Phone
------------------------	--------------

Doctor's Office Address (street, city, state, zip)

Name of Child's Dentist	Office Phone
-------------------------	--------------

Dentist's Office Address (street, city, state, zip)

Hospital Preference	Hospital Phone
---------------------	----------------

Health Insurance Provider	Policy #
---------------------------	----------

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.

State law requires licensed childcare centers to have on file a complete, accurate, and up-to-date Immunization Record for each child in care.

Immunization Record Included

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 or the child's parent or guardian. Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of Director	Date
-----------------------	------