

Date Application Completed or Updated \_\_\_\_\_

Date of Enrollment \_\_\_\_\_

### CHILD'S APPLICATION FOR ENROLLMENT

*To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually.*

**CHILD INFORMATION:**

Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_

                    Last                    First                    Middle                    Nickname

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

**FAMILY INFORMATION:**

Child lives with: \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**CONTACTS:** Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application.

Name	Relationship	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

**HEALTH CARE NEEDS:** For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes \_\_\_ No \_\_\_

List any allergies and the symptoms and type of response required for allergic reactions. \_\_\_\_\_

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns. \_\_\_\_\_

List any particular fears or unique behavior characteristics the child has \_\_\_\_\_

List any types of medication taken for health care needs \_\_\_\_\_

Share any other information that has a direct bearing on assuring safe medical treatment for your child \_\_\_\_\_

**EMERGENCY MEDICAL CARE INFORMATION:**

Name of health care professional \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

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

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 any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_

**Additional Contacts:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Emergency/ Pick-up

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Emergency / Pick-up

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Emergency / Pick-up

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Emergency/ Pick-up

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Emergency / Pick-up

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Emergency / Pick-up

In addition, if my child's hands and arms become dry and the center feel deemed necessary for lotion to be applied,

\_\_\_\_\_ I grant permission to Care-O-World Enrichment Center to apply a sensitive skin, no odor lotion to the hands and arm of my child

\_\_\_\_\_ I do not grant permission for Care-O-World Enrichment Center to apply a sensitive skin, no odor lotion to the hands and arm of my child.

In addition, If the facility has planned activities outside the fenced area of the facility,

\_\_\_\_\_ I will allow my child to play outside the fenced area: or

\_\_\_\_\_ I will not allow my child to play outside the fenced area.

I, the undersigned parent or guardian of \_\_\_\_\_ do hereby state that I have read and received a copy of Care-O-World's Parent Handbook.

My primary email address is: \_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Special  
Diet: \_\_\_\_\_  
\_\_\_\_\_

By signing below, I confirm that the information on the front and back of this form is true and accurate to the best of my knowledge.

Parent/Guardian name(Print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_