

Application Date _____
Date of Enrollment _____

Primetime Program Child Care Application
To be completed and placed on file prior to enrollment

Name of child _____ Grade _____
(Last) (First) (M) (Nickname) Birth Date _____
Address _____ Zip Code _____
Child's Teacher _____ Child's Grade _____ Child's Age _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Home Phone/Cell Phone _____
Address _____ Zip Code _____
Where Employed _____ Business Phone _____
Mother/Guardian's Name _____ Home Phone/Cell Phone _____
Address _____ Zip Code _____
Where Employed _____ Business Phone _____
Insurance Carrier _____ Policy # _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies: Yes _____ No _____
Explain: _____

Please give any information concerning your child which will be helpful in his/her experience in group setting (such as, play, eating habits, special fears, special likes or dislikes). _____

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____
Address _____
Name of child's dentist _____ Office Phone _____
Address _____
Hospital preference _____ Phone _____

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

Name _____ Home Phone _____ Office Phone _____
Name _____ Home Phone _____ Office Phone _____

If you cannot call for your child, please give the names of 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)

(Date)

The Site Director will not administer any drug or any medication without specific instructions from the physician only.

OVER