

CHILD'S APPLICATION FOR DAYCARE

APPLICATION DATE: _____

I will need After school car only on the days my child is at school: YES / NO

Name of Child _____
(Last) (First) (Middle) (Nickname)

Address _____
(Street) (City) (Zip)

Age of Child _____ Birth Date _____

INFORMATION ABOUT THE FAMILY:

_____ Home Telephone _____
Father/Stepfather/ Legal Guardian's Name

Cell Number _____ Email Address _____

Address _____
(Street) (City) (Zip)

Employer _____ Business Telephone _____

_____ Home Telephone _____
Mother/Stepmother/Legal Guardian's Name

Cell Number _____ Email Address _____

Employer _____ Business Telephone _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies (such as dust, drugs, plants, animals, food, etc.)? If yes, what are they? (Please be specific) _____

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

State daycare licensing law requires that we have in writing the names of anyone we may release children to. Would you please list those people who may pick up your child.

Father: _____

Mother: _____

Other (please specify):

For example: Sue Jones

Neighbor/Friend of family

Neil Smith

Grandmother

NAME

RELATIONSHIP
