

CHILD'S APPLICATION FOR FRONT STREET PLAYSCHOOL

Name of Child: _____ Birthdate: _____
(Last) (First) (MI) (Name Called By)

Sex: Male _____ Female _____

INFORMATION ABOUT THE FAMILY:

Mother/Guardian's Name _____ Home Phone _____ Cell Phone _____

Address _____ Zip _____

Where Employed _____ Business Phone _____ Email Address _____

Father/Guardian's Name _____ Home Phone _____ Cell Phone _____

Address _____ Zip _____

Where Employed _____ Business Phone _____ Email Address _____

Names and Ages of Siblings _____

Insurance Carrier _____ Policy # _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies No ___ Yes ___ * If yes, please explain _____

(Use back of form if needed)

Please give any information concerning your child which will be helpful in his experience in group setting (such as fears, likes or dislikes, special needs)

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____

Name of child's dentist _____ Office Phone _____

Hospital preference _____ Phone _____

In case of sickness or accident, if neither father nor mother (or guardian) can be contacted, call:

Name _____ Cell Phone _____ Home Phone _____ Relationship _____

Name _____ Cell Phone _____ Home Phone _____ Relationship _____

(These emergency contacts should be local residents because they may be asked to pick up a sick child.)

If you cannot pick up your child, please give the names, contact information and relationships 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 child's doctor named above can be contacted immediately.

(Signature of Parent or 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. Provisions will be made for adequate and appropriate rest and outdoor play.

(Signature of Operator)

(Date)