

Application Date _____

Date of Enrollment _____

Child's Application

To be completed and placed on file prior to enrollment

Child's name: _____
(First) (Middle) (Last) (Name used by parents)

Address: _____
_____ (City) (State) (Zip code)

Date of Birth: _____ Age: _____ Male Female _____
(Circle one) (County)

Child lives with _____

Who has legal custody of this Child? _____

Father's name: _____

Address _____

_____ Cell Phone _____ Work Phone _____ E-mail _____
Employer _____

Marital Status: Married Widowed Separated Divorced Remarried Single In a relationship

Mother's name: _____

Address _____

_____ Cell Phone _____ Work Phone _____ E-mail _____
Employer _____

Marital Status: Married Widowed Separated Divorced Remarried Single In a relationship

Child will be released to only the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals:

Name	Relationship	Phone #
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____

Child's Doctor _____
(Name) (Address) (Phone number)

Child's Dentist _____
(Name) (Address) (Phone number)

Hospital Preference _____
(Must specify)

Emergency Information:

Does your child have any known allergies? () Yes () No

If yes, list any allergies and the symptoms and type of response required for allergic reaction: _____

All food allergies must have a written statement from the child's physician.

List any health care needs or concerns, symptoms of, and type of response for these health care needs or concerns _____

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 _____

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a Medical Action Plan must be attached to the application. The Medical Action Plan must be completed by the child's parent or health care professional. Child cannot start attending Bethlehem Child Care without Medical Action Plan. Is there a medical action plan attached: Yes _____ No _____

Additional Information:

Has your child previously been enrolled in another program? _____

If so, where and for how long _____

May we contact the caregiver? _____

Has your child had any discipline problems? _____

If yes, please explain: _____

Does your child take naps? _____

Does your child eat well? _____

Does your child have any particular fears or unique behavior characteristics? _____

Anything else that will help us care for your child? _____

How did you find out about Bethlehem Child Care? _____

I authorize Bethlehem Child Care to obtain medical attention my child in the event of an emergency.

(Father's Signature) Date

(Mother's Signature) Date

Signature of
Administratior _____ Date _____