

First Baptist Child Development Center
CHILD'S APPLICATION / EMERGENCY PROCEDURES

Application Date _____

Date of Enrollment _____

To be completed and placed on file prior to enrollment

Name of Child _____

(Last)

(First)

(M)

(Nickname)

Child's Social Security # _____ Birth date _____

Address _____ Zip Code _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Social Security # _____

Address _____ Home Phone _____

Where employed _____ Business Phone _____

Mother/Guardian's Name _____ Social Security # _____

Address _____ Home Phone _____

Where employed _____ Business Phone _____

Insurance Carrier _____ Policy # _____

INFORMATION ABOUT YOUR CHILD:

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

Please give any information concerning your child which will be helpful in his experience in group setting (such as play, eating, sleeping 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, please list two persons we may call:

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____

If you cannot call for your child, please give the first and last names of persons to whom your child may be released: (must be 18 yrs. of age or older) _____

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/Guardian)

(Date)

I, as the operator/director, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or 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/Director)

(Date)