

Application Date: _____

**Day Care Application Form
J-Bear Child Development Center**

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

Address: _____
(Street) (City) (State) (Zip Code)

Age of Child: _____ Birthdate: _____ SSN#: _____

INFORMATION ABOUT THE FAMILY:

Father's Name: _____ SSN#: _____ Home Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

Where Employed: _____ Business Phone: _____

Mother's Name: _____ SSN#: _____ Home Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

Where Employed: _____ Business Phone: _____

If child is not living in home of parents, name of responsible adult: _____

Address: _____

Home Phone: _____ Where Employed: _____

Business Phone: _____

If you cannot call for your child, please give the names of persons to whom the child can be released:

Names of ALL children in the family	Date of Birth	Who cares for at present
_____	_____	_____
_____	_____	_____
_____	_____	_____

INFORMATION ABOUT YOUR CHILD

Does your child have any known allergies (such as dust, drugs, plants, animals, food, etc...)?

If yes, what are they? (Be specific): _____

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

If your child has had previous experience in group care, where?: _____

Hours day care services needed: _____ A.M. to: _____ P.M.

Has any other person cared for your child regularly?: _____

Does your child take medicine everyday?: _____ Why?: _____

Is your child toilet trained?: _____

Does your child have handicaps or medical problems?: _____

Has your child had immunization shots?: _____ Who gave them?: _____

EMERGENCY CARE INFORMATION

Name of child's doctor: _____ Office Phone: _____

Office Address: _____

Name of child's dentist: _____ Office Phone: _____

Office Address: _____

Hospital preference: _____

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

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

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.

(Date)

(Signature of Parent)

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.

(Date)

(Signature of Operator)

I UNDERSTAND THAT IF THIS APPLICATION FOR ADMISSION OF MY CHILD IS ACCEPTED, I

1. Will plan to visit the center to help the child to become familiar with the program and, to the extent possible, to make plans with the Director for admission, and continued growth of the child through conferences with the staff.
2. Will obtain a medical examination to get medical information form completed.
3. Will complete the additional forms necessary.
4. Shall strive to cooperate with the Director and staff and follow center policies.

(Date)

(Father's signature)

(Mother's signature)

(Guardian's or Custodian's signature)