

Application Date _____ Date of Enrollment _____ Date of Federal Employment Verification _____

ANNUAL CHILD'S APPLICATION FOR CHILD CARE

Name of Child _____ Birth date _____
(Last) (First) (MI) (Nickname)

Address _____

INFORMATION ABOUT THE FAMILY:

Only complete if have Federal Status for tuition purposes: Name of Federal Agency where Parent/Guardian is employed: _____

Type of Appointment* (e.g., Federal Employee, Post-Doc, Grantee, Trainee, Visiting Fellow, ORISE, etc.) _____

* ATTACH a copy of Parent/Guardian's pay stub (with sensitive information marked out) or if pay stub is unavailable, please provide a letter of employment status from your hiring manager, immediate supervisor, or Human Resources department that confirms the type of appointment listed.
NOTE: By default, all families will be charged the contractor rate until federal status can be verified.

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

Address _____ E-mail Address _____

Employer _____ Work Address _____ Work Phone _____

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

Address _____ E-mail Address _____

Employer _____ Work Address _____ Work Phone _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies: No _____ Yes _____ Explain: _____

Does your child have any chronic illnesses/conditions: No _____ Yes _____ Explain: _____

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

EMERGENCY CARE INFORMATION:

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

Hospital preference: _____ Phone: _____ Date of Last Dentist Visit: _____

Insurance Carrier: _____ Policy #: _____

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

Name _____ Home/Work # _____ Cell # _____ Relationship _____

Name _____ Home/Work # _____ Cell # _____ Relationship _____

Please list names of persons to whom the child can be released: _____

PARENT/GUARDIAN SIGNATURE:

I certify that all information on this form is accurate. 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) _____

OPERATOR SIGNATURE:

I, as the operator, 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) _____

Annual Certification: All of the information listed above is current and accurate. If federal status, my employment verification has been submitted.

Parent/Gaurdian Signature _____ Date _____ Federal Status only: Employment Verification Received (Date) _____

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