

CHILD'S APPLICATION AND EMERGENCY INFORMATION FOR CHILD CARE

To be completed and placed on file prior to enrollment

Solid Start/Benhaven	Solid Start/Spout Spring	Kids Rock/Benhaven	Kids Rock Overhills
(Circle the Program that the child will be attending)			
Today's Date _____	Date of Enrollment _____	Date of Withdrawal _____	
Estimated time of arrival _____	Estimated time of departure _____		
TEAM LABLE	Military	Harnett CS Employee	NACCRRRA
	DSS	STAFF	MAF _____
Classroom Placement or Grade: _____			

INFORMATION ABOUT RESIDENSES AND EMPLOYMENT

Name of Child _____ Birth date _____			
(Last)	(First)	(MI)	(Nickname)
Child's Physical Address: _____			
Number/street	city	zip code	
Child's Mailing Address: _____			Home Phone _____ - _____ - _____
Who lives at this address with the child? Mother Father Both Neither			
What County is this address located in: _____		E-Mail Address: _____	

Father/Guardian's Name: _____			
Name of Location of Father/Guardian when Child's in Care: _____			
Name of Employer, School, home, etc		Address	
Hours of Employment _____	Business phone: _____ - _____ - _____	Cell phone: _____ - _____ - _____	

Mother/Guardian's Name: _____			
Location of Mother/Guardian when Child's in Care: _____			
Employer, School, home, etc		Address	
Hours of Employment _____	Business phone: _____ - _____ - _____	Cell phone: _____ - _____ - _____	

INFORMATION ABOUT YOUR CHILD:

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

Does your child have any chronic illness/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).

Childs Name: _____

EMERGENCY CARE INFORMATION: 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.

Insurance Carrier _____ Policy # _____

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

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

Hospital preference _____ Phone _____ Location: _____

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

Name _____	Relationship _____	Home # _____	-	-	Cell # _____	-	-
Name _____	Relationship _____	Home # _____	-	-	Cell # _____	-	-
Name _____	Relationship _____	Home# _____	-	-	Cell # _____	-	-

If you cannot pick-up your child, please give the names of persons to whom the child can be released:

1) _____ 2) _____
3) _____ 4) _____

ID will be checked.

In order to move from the building to the playground or for any special events outside the fenced area.

I _____, Give Do not give permission for the child listed above to be outside the fenced playground area..

I _____, Give Do not give permission for the child listed above to be photographed, videoed or quoted for marketing purposes.

By signing below I have stated that I have received the parent handbook. Located within the handbook is a fee schedule, the Summary of North Carolina Child Care Laws, and our Discipline Policy.

(Signature of Parent/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)