

**CHILDREN'S
ACADEMY**
APPLICATION FOR CHILD CARE

Application Date: _____

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

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

Age of Child: _____ Birth Date _____ Social Security #: _____

Information about the family:

Father's Name: _____ Home Phone: _____
Address: _____

(Street) (City) (State) (Zip Code)
Where employed: _____ Business Phone: _____ NCDL# _____

Mother's Name: _____ Home Phone: _____
Address: _____

(Street) (City) (State) (Zip Code)
Where employed: _____ Business Phone: _____ NCDL# _____

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

Relationship: _____ Address: _____

Home Phone: _____ Where Employed: _____ Business Phone: _____

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

Information about your child:

Does your child have any known allergies? If yes, what are they? (Be specific)

Please give any information concerning your child which will be helpful in his/her experience in group living (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: _____

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

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I agree that the director 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.

I give my permission for my child to leave school grounds for picnics, field trips, etc.

I have received a copy of the Summary of the North Carolina Child Care Law and Rules.

(Date)

(Signature of Parent)

I, as the director, 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 outdoor play.

(Date)

(Signature of Director)