

Wilson Christian Academy

Child Care Application

Date of enrollment: _____

Name of Child _____ Birth date _____
Address _____ Zip Code _____

INFORMATION ABOUT THE FAMILY:

Father's name _____ Home phone _____
Address _____ Zip Code _____
Where employed _____ Business Phone _____ Cell phone _____

Mother's name _____ Home phone _____
Address _____ Zip Code _____
Where employed _____ Business Phone _____ Cell phone _____

INFORMATION ABOUT THE CHILD:

Child's Insurance Carrier _____ Policy # _____

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

Explain:

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, call (please list relationship):

Name _____ Home Phone _____ Office Phone _____
Name _____ Home Phone _____ Office Phone _____

Please give the name of persons to whom the child can be released:

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.

(Parent signature)

(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 instruction 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.

(Operator Signature)

(Date)