



PRE-SCHOOL APPLICATION

Application Date _____

Date of Enrollment _____

Name of Child _____ Birth date _____

(Last) (First) (MI) (Nickname)

Address _____ Zip Code _____

FAMILY INFORMATION:

Father/Guardian's Name _____ Home Phone _____

Address _____ Cell Phone _____

Where Employed _____ Business Phone _____

Email : _____ NC Driver's License # _____

Mother/Guardian's Name _____ Home Phone _____

Address _____ Cell Phone: _____

Where Employed _____ Business Phone _____

Email: _____ NC Driver's License # _____

CHILD INFORMATION:

Does your child have any known allergies? No ____ Yes ____

Explain: _____

Please give any information concerning your child, which will be helpful in his/her 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 _____

Name of child's dentist _____ Office Phone _____

Address _____

Hospital Preference _____ Phone _____

Insurance Carrier _____ Policy # _____

If a parent cannot be contacted, the following person(s) may be contacted in the event of an emergency.

The following person(s) also have permission to pick up.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I agree that the director may authorize the physician of her choice to provide emergency care in the event that neither I, nor the family physician can be contacted immediately. I agree that the director or other authorized employee may provide transportation for my child to an appropriate medical resource in the event of an emergency.

(Signature of Parent)

(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 Director)

(Date)