



# Reedy Fork

## Early Learning Academy

Application Date \_\_\_\_\_

Date of Enrollment \_\_\_\_\_

### Child's Application For Child Care

To be completed and placed on file prior to enrollment

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

#### Family Information:

Father/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Name Address Email \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Name Address Email \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

#### Emergency Care Information:

Name of Childs Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Hospital Preferennce \_\_\_\_\_ Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Names: \_\_\_\_\_

I agree that the operator may authorize the physician of his/her chouse provide emergency care in the care in the event that neither I nor the family physician can be contacted immediately.

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 sitaution, 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 childs par-ent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_