

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

**Day Care Application Form  
J-Bear Child Development Center**

Name of Child: \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Age of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SSN#: \_\_\_\_\_

**INFORMATION ABOUT THE FAMILY:**

Father's Name: \_\_\_\_\_ SSN#: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Where Employed: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ SSN#: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Where Employed: \_\_\_\_\_ Business Phone: \_\_\_\_\_

If child is not living in home of parents, name of responsible adult: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Where Employed: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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

\_\_\_\_\_

Names of <b>ALL</b> children in the family	Date of Birth	Who cares for at present
_____	_____	_____
_____	_____	_____
_____	_____	_____

**INFORMATION ABOUT YOUR CHILD**

Does your child have any known allergies (such as dust, drugs, plants, animals, food, etc...)?

If yes, what are they? (Be specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please give any information concerning your child which will be helpful in his experience in group living (such as play, eating and sleeping habits, special fears, special likes or dislikes):

\_\_\_\_\_  
\_\_\_\_\_

If your child has had previous experience in group care, where?: \_\_\_\_\_

\_\_\_\_\_

Hours day care services needed: \_\_\_\_\_ A.M. to: \_\_\_\_\_ P.M.

Has any other person cared for your child regularly?: \_\_\_\_\_

Does your child take medicine everyday?: \_\_\_\_\_ Why?: \_\_\_\_\_

\_\_\_\_\_

Is your child toilet trained?: \_\_\_\_\_

Does your child have handicaps or medical problems?: \_\_\_\_\_

Has your child had immunization shots?: \_\_\_\_\_ Who gave them?: \_\_\_\_\_

### **EMERGENCY CARE INFORMATION**

Name of child's doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

Name of child's dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent)

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.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Operator)

**I UNDERSTAND THAT IF THIS APPLICATION FOR ADMISSION OF MY CHILD IS ACCEPTED, I**

1. Will plan to visit the center to help the child to become familiar with the program and, to the extent possible, to make plans with the Director for admission, and continued growth of the child through conferences with the staff.
2. Will obtain a medical examination to get medical information form completed.
3. Will complete the additional forms necessary.
4. Shall strive to cooperate with the Director and staff and follow center policies.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Father's signature)

\_\_\_\_\_  
(Mother's signature)

\_\_\_\_\_  
(Guardian's or Custodian's signature)