

Application Date _____

Date of Enrollment _____



Holly Springs Academy

APPLICATION FOR CHILD CARE

To be completed and placed on file prior to enrollment

Name of Child _____ Birth date _____
 _____ (Last) (First) (MI) (Nickname) _____
 Address _____ ZipCode _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Home Phone _____
 Address _____ Zip Code _____
 Where Employed _____ Business Phone _____
 Cell Phone _____ Email _____
 Mother/Guardian's Name _____ Home Phone _____
 Address _____ Zip Code _____
 Where Employed _____ Business Phone _____
 Cell Phone _____ Email _____
 Insurance Carrier _____ Policy # _____

INFORMATION ABOUT YOUR CHILD: (Attach separate sheet if more space needed.)

Does your child have any known allergies: No__ Yes__ Explain: _____
 Does your child have any chronic illnesses/conditions: No__ Yes__ Explain: _____

Please give any information concerning your child which will be helpful in his 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 _____
 Hospital preference _____ Phone _____

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

Name _____ Home Phone _____ Cell Phone _____ Alt. _____
 Name _____ Home Phone _____ Cell Phone _____ Alt. _____

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

I agree that Holly Springs Academy (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.

(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 Operator Administrator)

(Date)