

Inman Christian Academy Daycare Application

Application Date _____

Name of Child _____
Last First Middle Nickname

Address _____

City _____ State _____ Zip _____

Social Security Number _____

Date of Birth _____

Age of Child _____

Information about the family:

Father's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____

Where Employed _____

Position _____

Business Phone _____

Mother's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____

Where Employed _____

Position _____

Business Phone _____

If child is not living in home of parents, name of responsible adult _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Where Employed _____

Position _____ Business Phone _____

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

Information about your child:

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

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

Emergency care information:

Name of child's doctor: _____

Office Phone: _____

Name of child's dentist: _____

Office Phone: _____

Hospital Preference: _____

If neither mother nor father can be contacted, who can be contacted?

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 the family physician nor I can be contacted immediately.

Date _____

Signature of Parent or Guardian _____

I have read and agree to follow the policies and procedure as stated.

Date _____

Signature of Parent or Guardian _____