



CHILD'S APPLICATION FOR ENROLLMENT

Date Application Completed_____ Date of Enrollment_____

Child Information:

Full Name:_____ Date of Birth_____

Address:_____ City_____ State_____ Zip Code_____

Family Information:

Child lives with_____

Mother's Name_____ Home Phone_____

Address:_____ City_____ State_____ Zip Code_____

Work Phone_____ Cell Phone_____

Email_____

Father's Name_____ Home Phone_____

Address:_____ City_____ State_____ Zip Code_____

Work Phone_____ Cell Phone_____

Email:_____

CONTACTS:

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application.

In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number
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HEALTH CARE NEEDS

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes__ No__

List any allergies and the symptoms and type of response required for allergic reactions.

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns:_____

List any particular fears or unique behavior characteristics the child has: _____

List any types of medication taken for health care needs: _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child:

EMERGENCY MEDICAL CARE INFORMATION:

Name of Health Care Professional_____ Office Phone: _____

Hospital Preference_____ Phone_____

I, as the parent/guardian, authorize KinderMission Academy to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian_____ Date_____

I, as the operator, do agree to provide transportation to an appropriate medical resources in the event of an 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.

Signature of Administrator _____ Date_____