



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 _____

Email Address _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Phone _____

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

Mother/Guardian's Name _____ Phone _____

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

Insurance Carrier _____ Policy # _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies: No ___ Yes ___ Explain: _____

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____

Address _____

Name of child's dentist _____ Office Phone _____

Address _____

Hospital preference _____ Phone _____

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

Name _____ Phone _____ Phone _____

Name _____ Phone _____ Phone _____

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



AUTHORIZATION FOR EMERGENCY CARE

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.

(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)

(Date)



TRAVEL AND ACTIVITY AUTHORIZATION

10 NCAC 3U .0604(1)
G. S. 110-91(6)
REV 8/92

Blanket permission for travel to and/or from _____ School

I, _____ parent/guardian of _____
(name of parent/guardian) (name of child)
give my permission to **The AfterSchool Construction Zone** for my child to be transported by
facility van/automobile to and/or from school daily.

I, also, give my permission to **The AfterSchool Construction Zone** for my child to be
transported by facility van/automobile to field trips away from the facility upon acknowledgement
of the activity.

I understand that the facility will use the appropriate child restraint devices and abide by all the
safety rules in Rule .1000 when my child is transported in a vehicle. The facility will also notify me each
time that my child is to participate in an activity that would involve transportation other than daily travel to
and/or from school.

This authorization is valid from ____ / ____ / ____ to 06 / 10 / 2011 .
(date of enrollment)

(Parent/Guardian Signature)

(Date Signed)

File in child's folder



Policies and Procedures

I have read and agree with **all** policies and procedures set by The AfterSchool Construction Zone. I will give a two-week notice to cancel enrollment. I understand that I am responsible for my normal weekly rate for the two weeks. When my child is absent, I understand that my **normal weekly rate is required. NO EXCEPTIONS. Weekly fees are not prorated!**

(Child's Name)

(Signature of Parent)

(Date)

For Office Use Only:

School: _____ Grade: _____

Type of Care: _____

AM Bus: _____ PM Bus: _____

TRID: _____ Date: _____

Rate: _____

SN (if any): _____