

## CHILD'S APPLICATION FOR FRONT STREET PLAYSCHOOL

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Last) (First) (MI) (Name Called By)

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

### INFORMATION ABOUT THE FAMILY:

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Names and Ages of Siblings \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

### INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies No \_\_\_ Yes \_\_\_ \* If yes, please explain \_\_\_\_\_

*(Use back of form if needed)*

Please give any information concerning your child which will be helpful in his experience in group setting (such as fears, likes or dislikes, special needs)

### EMERGENCY CARE INFORMATION:

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

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

Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

In case of sickness or accident, if neither father nor mother (or guardian) can be contacted, call:

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Relationship \_\_\_\_\_

*(These emergency contacts should be local residents because they may be asked to pick up a sick child.)*

If you cannot pick up your child, please give the names, contact information and relationships of persons to whom the child can be released:

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 child's doctor named above can be contacted immediately.

\_\_\_\_\_  
(Signature of Parent or Guardian)

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