

Date Application Completed: _____

CHILD'S APPLICATION FOR ENROLLMENT

Date of Enrollment: _____

CHILD INFORMATION:

Date of Birth: _____

Full Name: _____

Last

First

Middle

Nickname

Child's Physical Address: _____

PARENT / GUARDIAN INFORMATION:

Child lives with: _____

Parent 1 / Guardian Name: _____ Employer: _____

Address (if different from child's): _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent 2 / Guardian Name: _____ Employer: _____

Address (if different from child's): _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Preferred Email Address(es): _____

EMPLOYMENT/MILITARY STATUS INFORMATION: Please complete to provide information about your type of employment and military status (if applicable).

Type of Appointment* (e.g., Federal Employee, Post-Doc, Grantee, Trainee, Visiting Fellow, ORISE, etc.): _____

Federal Agency (provide name of Federal Agency where Parent/Guardian is employed): _____

Military Status** (provide military status (e.g., active, military reserve, or veteran) if applicable): _____

* ATTACH a copy of Parent/Guardian's pay stub(s) (with sensitive information marked out), or if pay stub is unavailable, provide a letter of employment status from your hiring manager, immediate supervisor, or Human Resources department that confirms the type of appointment listed. **Families will be charged non-federal rate until federal/military status can be confirmed.**

** For military status verification, ATTACH proof of current active, military reserve, or veteran status. Those with a verified military status will be able to receive the federal tuition rate.

EMERGENCY CONTACTS: Child will be released only to the parent(s)/guardian(s) listed above. The child can also be released to the following individual(s), as authorized by the person who signs this application. In the event of an emergency, if the parent(s)/guardian(s) cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 for your child.

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: _____

Note: Must name one hospital. This field may not be left blank or say closest hospital.

I, as the parent/guardian, certify that all information here is correct & authorize the center 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 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.

Signature of Administrator: _____ Date: _____

Annual Certification: All of the information listed above is current and accurate. If federal or military status applies, my employment / military status verification has been submitted.

Parent/Guardian Signature: _____ Date: _____ Federal Employment / Military Status Verification Submitted Date: _____
 Parent/Guardian Signature: _____ Date: _____ Federal Employment / Military Status Verification Submitted Date: _____
 Parent/Guardian Signature: _____ Date: _____ Federal Employment / Military Status Verification Submitted Date: _____
 Parent/Guardian Signature: _____ Date: _____ Federal Employment / Military Status Verification Submitted Date: _____