

APPLICATION FOR CHILD CARE SERVICES

DATE OF APPLICATION _____

CHILD DAY CARE CENTERS GROUP DAY CARE HOMES FAMILY DAY CARE HOMES

NAME OF CHILD		BIRTHDATE
ADDRESS		
MOTHER'S NAME- OR LEGAL GUARDIAN		FATHERS NAME – OR LEGAL GUARDIAN
MOTHER'S HOME ADDRESS		TELEPHONE NO. – HOME/CELL
FATHER'S HOME ADDRESS		TELEPHONE NO.– HOME/CELL
MOTHER'S BUINESS ADDRESS		TELEPHONE NO. BUSINESS
FATHER'S BUISNESS ADDRESS		TELEPHONE BUSINESS
NAME AND ADRESS OF PERSON TO BE CONTACTED IN EMERGENCY IF PARENTS ARE NOT AVAILABLE		TELEPHONE NO.
NAME AND ADDRESS OF CHILD'S PHYSICIAN OR SOURCE OF MEDICL CARE		TELEPHONE NO.
SPECIAL DISABILITY – IF ANY		
ANY SPECIAL MEDICAL OR DIETARY INFORMATION NECESSARY FOR MANAGEMENT IN N EMERGENCY SITUATION – ALLERGIES, MEDICATIONS, SPECIAL CONDITIONS		
ANY ADDITIONAL INFORMATION ON SPECIAL NEEDS OF THIS CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD UNDER FAMILY INSURANCE POLICY OR MEDICAL ASSISTANCE BENEFITS IF APPLICABLE		