The First Step Nursery School and Day Care Center

ENROLLMENT APPLICATION

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| Name of Child: | | Birthdate: | | Enrollment Date: | | |
| *Please check the box to indicate the primary residence of the child listed above.* | | | | | |
| **Parent/Guardian #1** | | | **Parent/Guardian #2** | | |
| Name: |  | | Name: | |  |
| Relationship: |  | | Relationship: | |  |
| Cell Phone: |  | | Cell Phone: | |  |
| Home Phone: |  | | Home Phone: | |  |
| Home Address: |  | | Home Address: | |  |
| Employer Name: |  | | Employer Name: | |  |
| Employer Phone: |  | | Employer Phone: | |  |
| Employer Address: |  | | Employer Address: | |  |
| E-mail Address: |  | | E-mail Address: | |  |
| **Medical Information** | | | | | |
| Child’s Health Care Provider: | | |  | | |
| Health Care Provider Phone: | | |  | | |
| Health Care Provider Address: | | |  | | |
| Name of Insurance Company/HMO: | | |  | | |
| Group #: | | |  | | |
| Identification #: | | |  | | |
| Subscriber’s Name on Insurance Card: | | |  | | |
| Known Allergies (including medication): | | |  | | |
| Medication My Child is Taking: | | |  | | |
| List Special Conditions, Disabilities, Medical/Physical Restrictions, Medical Information for Emergency Situations: | | |  | | |

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| **Emergency Contact** | | | | | |
| *Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility of the child.* | | | | | |
| Contact Name #1: |  | Contact Name #2: |  | Contact Name #3: |  |
| Relationship: |  | Relationship: |  | Relationship: |  |
| Cell Phone: |  | Cell Phone: |  | Cell Phone: |  |
| Home Phone: |  | Home Phone: |  | Home Phone: |  |
| Employer Phone: |  | Employer Phone: |  | Employer Phone: |  |
| **Custody** | | | | | |
| Name of person **PROHIBITED** from picking up your child: | | | | | |
| *If a non-custodial parent has been denied access or granted limited access to the child by a court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of this court order.* | | | | | |

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| **Permissions** | |
| I give permission for my child to participate in **WALKING TRIPS** within the center’s neighborhood, using routes that pose no safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated. | I **DO NOT** give permission for my child to participate in **WALKING TRIPS** within the center’s neighborhood, using routes that pose no safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated. |
| I give permission for my child to be **PHOTOGRAPHED** during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting childcare services, either in print of on the Internet. | I DO NOT give permission for my child to be **PHOTOGRAPHED** during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting childcare services, either in print of on the Internet. |

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| **AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT** | | | |
| As the parent(s)/legal guardian(s) of the above-named child, I (we) attest that the information above is correct. I (we) authorize the childcare center staff to obtain emergency treatment for my child and understand that I (we) shall be promptly notified. | | | |
| Parent/Guardian Signature #1: | Date: | Parent/Guardian Signature #2: | Date: |