



Nena's Child Care, Inc.
 Martha Martinez, Director
 Enrollment Application



Child's Name: _____ Date of Birth: _____ Home Phone: _____

Child's Address (include zip code): _____

Date of Admission: _____ Date of Withdrawal: _____

Hours & Days child will be in care: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Driver's License #: _____ Driver's License #: _____

If Divorced, who has legal custody of the child? (court order must be on file): _____

Name of person to call in case of emergency if parents/guardian cannot be reached: _____

Emergency Contact Address: _____

Relationship to Child: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

I authorized the day care facility to allow my child to leave the facility **ONLY** with the following persons:

Persons Name	Relationship to Child	Home Phone Number	Driver's License Number

List any special problems/needs that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past months, any medication prescribed for long-term continuous use and/or any other information that our staff should be aware of: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention at the time of an illness or accident, I authorize the facility director or person in charge to take my child, _____ to:

Physician Name: _____ Address: _____ Phone #: _____

Hospital or Clinic: _____ Address: _____ Phone #: _____

Insurance Company: _____ (optional) Policy: _____

I give my consent for necessary emergency treatment when my child is in the care of a physician and/or hospital/clinic.

Parent or Legal Guardian Signature

Date

PERMISSION FOR TRANSPORTATION & WATER ACTIVITIES

I hereby ()give ()do not give permission for my child to be **transported** by the daycare and supervised by its staff: ()on field trips ()to and from school ()to and from home

I hereby ()give ()do not give permission for my child to participate in **water activities**:

()splashing pools ()wading pools ()swimming pools ()other bodies of water provided by the facility

I hereby ()give ()do not give permission for my child to be **photographed** or video-taped during daycare activities for display and/or class projects.

Parents Comments: _____

Parent or Legal Guardian Signature

Date

SCHOOL AGE CHILDREN

Name of School: _____ Address: _____

Phone #: _____ Grade: _____ Teacher's Name: _____

My child's immunization records (including a T.B. test) are current and on file at my child's school.

Parent or Legal Guardian Signature

Date