

Application Date: _____
Date of Enrollment: _____

Ernest Myatt Child Development Center
APPLICATION FOR CHILD CARE

To be completed and placed on file prior to enrollment

Name of Child _____ Birth date _____
(Last) (First) (MI) (Nickname)

Address _____ Zip Code _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Where Employed _____ Work Phone _____

Cellular Phone _____ Email address _____

Mother/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Where Employed _____ Work Phone _____

Cellular Phone _____ Email address _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies? _____

If "Yes", please explain: _____

Please give any information concerning your child, which will be helpful in his/her experience in a group setting (such as play, eating and sleeping habits, special fears, special likes and dislikes).

EMERGENCY CARE INFORMATION:

Name of Child's Doctor _____ Office Phone _____

Address _____

Name of Child's Dentist _____ Office Phone _____

Address _____

Hospital Preference _____ Phone _____

If neither Mother nor Father (or Guardian) can be contacted, please call:

Name _____ Relationship _____ Phone Number(s) _____

Name _____ Relationship _____ Phone Number(s) _____

If you cannot come for your child, please give the names of persons to whom the child can be released:

I agree that the Center Operator may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

(Signature of Parent)

(Date)

I, as the Center Operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, a responsible adult will supervise other children in the facility. I will not administer any drug or 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 Center Operator)

(Date)

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Has your child had previous group experience? _____

If so, where? _____ How long? _____

Has your child ever been dismissed from a program? _____

If so, why? _____

Discipline Statement:

Date of Enrollment _____

I, _____, the parent, guardian, or full-time custodian of
(parent signature)

_____, do acknowledge and agree to the disciplinary
(child's name)

practices of Ernest Myatt Child Development Center. These practices have been

discussed with me and I have received a Parent Handbook, which states the Center's

discipline policy (page 9) on _____.

(date)

I shall strive to cooperate with the Director and follow school rules and policies.

Signature of Parent _____

I have read the Parent Handbook upon enrolling my child in Ernest Myatt Child Development Center.

Signature of Parent _____

I have received and read the Summary of the North Carolina Child Care Law and Rules brochure.

Signature of Parent _____

We sometimes take the children for nature walks, picnics, etc. to the field behind us or to the dead end parking lot to play. Please sign giving your child permission to participate.

Signature of Parent _____

My child has permission to leave the school for field trips under good adult supervision.

Signature of Parent _____

Director's Signature _____